
HOUSE BILL 1943

State of Washington 60th Legislature 2007 Regular Session

By Representatives Hinkle, Curtis and Schual-Berke

Read first time 02/01/2007. Referred to Committee on Health Care & Wellness.

1 AN ACT Relating to the medical disciplinary act; amending RCW
2 18.71.002, 18.71.003, 18.71.010, 18.71.015, 18.71.017, 18.71.019,
3 18.71.0191, 18.71.0195, 18.71.030, 18.71.040, 18.71.050, 18.71.051,
4 18.71.055, 18.71.060, 18.71.070, 18.71.080, 18.71.085, 18.71.090,
5 18.71.095, 18.71.230, 18.71.300, 18.71.310, 18.71.315, 18.71.320,
6 18.71.330, 18.71.350, 18.71A.010, 18.71A.020, 18.71A.025, 18.71A.030,
7 18.71A.050, 18.71A.085, 18.130.040, 18.50.115, 69.45.010, 69.50.402,
8 69.51A.010, 69.51A.070, 70.41.230, 74.09.290, and 74.42.230; reenacting
9 and amending RCW 18.71.205, 18.71A.040, 69.41.030, and 70.41.200;
10 adding new sections to chapter 18.71 RCW; adding a new chapter to Title
11 18 RCW; creating new sections; repealing RCW 18.71.401 and 18.71.420;
12 and prescribing penalties.

13 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

14 **Sec. 1.** RCW 18.71.002 and 1994 sp.s. c 9 s 301 are each amended to
15 read as follows:

16 It is the purpose of the medical (~~(quality assurance commission))~~
17 board for safety and quality to (~~(regulate))~~ protect the public health
18 through regulating the competency and quality of (~~(professional health~~
19 ~~care—providers))~~ physicians and physician assistants under its

1 jurisdiction by establishing, monitoring, and enforcing qualifications
2 for licensing, consistent standards of practice, continuing competency
3 mechanisms and quality care improvement programs, and ~~((discipline))~~ an
4 efficient and fair disciplinary process. Rules, policies, and
5 procedures developed by the ~~((commission))~~ board must promote the
6 delivery of safe quality health care to the residents of the state of
7 Washington.

8 **Sec. 2.** RCW 18.71.003 and 1955 c 202 s 1 are each amended to read
9 as follows:

10 This chapter is passed:

11 (1) In the exercise of the police power of the state to protect
12 public health, to promote the welfare of the state, and to provide an
13 adequate public agency to act as a disciplinary body for the members of
14 the medical profession licensed to practice medicine and surgery in
15 this state;

16 (2) Because the health and well-being of the people of this state
17 are of paramount importance;

18 (3) Because the conduct, which is of a unique and personal nature,
19 of members of the medical profession licensed to practice medicine and
20 surgery in this state plays a vital role in preserving the health and
21 well-being of the people of the state; and

22 (4) Because the ~~((agency which now exists to handle disciplinary
23 proceedings for members of the medical profession licensed to practice
24 medicine and surgery in this state is ineffective and very infrequently
25 employed, and consequently there is no effective means of handling such
26 disciplinary proceedings when they are necessary for the protection of
27 the public health))~~ public expects greater accountability of the
28 members of the medical profession who are licensed to practice medicine
29 and surgery in this state.

30 **Sec. 3.** RCW 18.71.010 and 1994 sp.s. c 9 s 302 are each amended to
31 read as follows:

32 The following terms used in this chapter shall have the meanings
33 set forth in this section unless the context clearly indicates
34 otherwise:

35 (1) ~~(("Commission"))~~ "Board" means the Washington state medical
36 ~~((quality assurance commission))~~ board for safety and quality.

1 (2) (~~"Secretary" means the secretary of health.~~
2 ~~(3)~~) "Resident physician" means an individual who has graduated
3 from a school of medicine which meets the requirements set forth in RCW
4 18.71.055 and is serving a period of postgraduate clinical medical
5 training sponsored by a college or university in this state or by a
6 hospital accredited by this state. For purposes of this chapter, the
7 term shall include individuals designated as intern or medical fellow.
8 (~~(4)~~) (3) "Emergency medical care" or "emergency medical service"
9 has the same meaning as in chapter 18.73 RCW.

10 **Sec. 4.** RCW 18.71.015 and 2006 c 8 s 103 are each amended to read
11 as follows:

12 The Washington state medical (~~(quality assurance commission)~~) board
13 for safety and quality is established, consisting of thirteen
14 individuals licensed to practice medicine in the state of Washington
15 under this chapter, two individuals who are licensed as physician
16 assistants under chapter 18.71A RCW, and six individuals who are
17 members of the public. At least two of the public members shall not be
18 from the health care industry. Each congressional district now
19 existing or hereafter created in the state must be represented by at
20 least one physician member of the (~~(commission)~~) board. The terms of
21 office of members of the (~~(commission)~~) board are not affected by
22 changes in congressional district boundaries. Public members of the
23 (~~(commission)~~) board may not be a member of any other health care
24 licensing board or commission, or have a fiduciary obligation to a
25 facility rendering health services regulated by the (~~(commission)~~)
26 board, or have a material or financial interest in the rendering of
27 health services regulated by the (~~(commission)~~) board.

28 The members of the (~~(commission)~~) board shall be appointed by the
29 governor. Members of the initial (~~(commission)~~) board may be appointed
30 to staggered terms of one to four years, and thereafter all terms of
31 appointment shall be for four years. The governor shall consider such
32 physician and physician assistant members who are recommended for
33 appointment by the appropriate professional associations in the state.
34 In appointing the initial members of the (~~(commission)~~) board, it is
35 the intent of the legislature that, to the extent possible, the
36 existing members of the (~~board of medical examiners and medical~~
37 ~~disciplinary board repealed under section 336, chapter 9, Laws of 1994~~

1 ~~sp. sess.))~~ medical quality assurance commission be appointed to the
2 ~~((commission))~~ board. No member may serve more than two consecutive
3 full terms. Each member shall hold office until a successor is
4 appointed.

5 Each member of the ~~((commission))~~ board must be a citizen of the
6 United States, must be an actual resident of this state, and, if a
7 physician, must have been licensed to practice medicine in this state
8 for at least five years.

9 The ~~((commission))~~ board shall meet as soon as practicable after
10 appointment and elect officers each year. Meetings shall be held at
11 least four times a year and at such place as the ~~((commission))~~ board
12 determines and at such other times and places as the ~~((commission))~~
13 board deems necessary. A majority of the ~~((commission))~~ board members
14 appointed and serving constitutes a quorum for the transaction of
15 ~~((commission))~~ board business.

16 The affirmative vote of a majority of a quorum of the
17 ~~((commission))~~ board is required to carry any motion or resolution, to
18 adopt any rule, or to pass any measure. The ~~((commission))~~ board may
19 appoint panels consisting of at least three members. A quorum for the
20 transaction of any business by a panel is a minimum of three members.
21 A majority vote of a quorum of the panel is required to transact
22 business delegated to it by the ~~((commission))~~ board.

23 Each member of the ~~((commission))~~ board shall be compensated in
24 accordance with RCW 43.03.265 and in addition thereto shall be
25 reimbursed for travel expenses incurred in carrying out the duties of
26 the ~~((commission))~~ board in accordance with RCW 43.03.050 and
27 43.03.060. Any such expenses shall be paid from funds ~~((appropriated~~
28 ~~to the department of health))~~ in the medical professions account.

29 Whenever the governor is satisfied that a member of ~~((a~~
30 ~~commission))~~ the board has been guilty of neglect of duty, misconduct,
31 or malfeasance or misfeasance in office, the governor shall file with
32 the secretary of state a statement of the causes for and the order of
33 removal from office, and the secretary shall forthwith send a certified
34 copy of the statement of causes and order of removal to the last known
35 post office address of the member.

36 Vacancies in the membership of the ~~((commission))~~ board shall be
37 filled for the unexpired term by appointment by the governor.

1 The members of the ~~((commission))~~ board are immune from suit in an
2 action, civil or criminal, based on its disciplinary proceedings or
3 other official acts performed in good faith as members of the
4 ~~((commission))~~ board.

5 Whenever the workload of the ~~((commission))~~ board requires, the
6 ~~((commission))~~ board may request that the ~~((secretary))~~ governor
7 appoint pro tempore members of the ~~((commission))~~ board. When serving,
8 pro tempore members of the ~~((commission))~~ board have all of the powers,
9 duties, and immunities, and are entitled to all of the emoluments,
10 including travel expenses, of regularly appointed members of the
11 ~~((commission))~~ board.

12 The governor shall from time to time request that the board, a
13 panel of the board, or individual board members meet with her or him to
14 discuss the activities of the board.

15 **Sec. 5.** RCW 18.71.017 and 2000 c 171 s 23 are each amended to read
16 as follows:

17 The ~~((commission))~~ board may adopt such rules as are not
18 inconsistent with the laws of this state as may be determined necessary
19 or proper to carry out the purposes of this chapter. The
20 ~~((commission))~~ board is the successor in interest of the ~~((board of~~
21 ~~medical examiners and the medical disciplinary board))~~ medical quality
22 assurance commission. All contracts, undertakings, agreements, rules,
23 regulations, and policies continue in full force and effect on ~~((July~~
24 ~~1, 1994))~~ the effective date of this act, unless otherwise repealed or
25 rejected by this chapter or by the ~~((commission))~~ board.

26 **Sec. 6.** RCW 18.71.019 and 1996 c 195 s 1 are each amended to read
27 as follows:

28 The ~~((Uniform))~~ medical disciplinary act, chapter ~~((18.130 RCW))~~
29 18.-- RCW (sections 44 through 88 of this act), governs unlicensed
30 practice and the issuance and denial of licenses and discipline of
31 licensees under this chapter. ~~((When a panel of the commission revokes~~
32 ~~a license, the respondent may request review of the revocation order of~~
33 ~~the panel by the remaining members of the commission not involved in~~
34 ~~the initial investigation. The respondent's request for review must be~~
35 ~~filed within twenty days of the effective date of the order revoking~~
36 ~~the respondent's license. The review shall be scheduled for hearing by~~

1 ~~the remaining members of the commission not involved in the initial~~
2 ~~investigation within sixty days. The commission shall adopt rules~~
3 ~~establishing review procedures.))~~

4 **Sec. 7.** RCW 18.71.0191 and 1994 sp.s. c 9 s 326 are each amended
5 to read as follows:

6 The (~~secretary of the department of health~~) governor shall
7 appoint, from a list of three names supplied by the (~~commission~~)
8 board, an executive director who shall act to carry out the provisions
9 of this chapter. The (~~secretary~~) executive director may be removed
10 by either the governor or the board. The executive director at the
11 direction of the board shall (~~also~~) employ such additional staff
12 including attorneys, administrative assistants, investigators, and
13 clerical staff as are required to enable the (~~commission~~) board to
14 accomplish its duties and responsibilities. The executive director is
15 exempt from the provisions of the civil service law, chapter 41.06 RCW,
16 as now or hereafter amended.

17 **Sec. 8.** RCW 18.71.0195 and 2005 c 274 s 227 are each amended to
18 read as follows:

19 (1) The contents of any report filed under (~~RCW 18.130.070~~)
20 section 50 of this act shall be confidential and exempt from public
21 disclosure pursuant to chapter 42.56 RCW, except that it may be
22 reviewed (a) by the licensee involved or his or her counsel or
23 authorized representative who may submit any additional exculpatory or
24 explanatory statements or other information, which statements or other
25 information shall be included in the file, or (b) by a representative
26 of the (~~commission~~) board, or investigator thereof, who has been
27 assigned to review the activities of a licensed physician.

28 Upon a determination that a report is without merit, the
29 (~~commission's~~) board's records may be purged of information relating
30 to the report.

31 (2) Every individual, medical association, medical society,
32 hospital, (~~medical service bureau~~) health service contractor, health
33 insurance carrier or agent, professional liability insurance carrier,
34 professional standards review organization, agency of the federal,
35 state, or local government, or the entity established by RCW 18.71.300
36 and its officers, agents, and employees are immune from civil

1 liability, whether direct or derivative, for providing information to
2 the ((~~commission~~)) board under ((~~RCW 18.130.070~~)) section 50 of this
3 act, or for which an individual health care provider has immunity under
4 the provisions of RCW 4.24.240, 4.24.250, or 4.24.260.

5 **Sec. 9.** RCW 18.71.030 and 1996 c 178 s 4 are each amended to read
6 as follows:

7 Nothing in this chapter shall be construed to apply to or interfere
8 in any way with the practice of religion or any kind of treatment by
9 prayer; nor shall anything in this chapter be construed to prohibit:

10 (1) The furnishing of medical assistance in cases of emergency
11 requiring immediate attention;

12 (2) The domestic administration of family remedies;

13 (3) The administration of oral medication of any nature to students
14 by public school district employees or private elementary or secondary
15 school employees as provided for in chapter 28A.210 RCW;

16 (4) The practice of dentistry, osteopathic medicine and surgery,
17 nursing, chiropractic, podiatric medicine and surgery, optometry,
18 naturopathy, or any other healing art licensed under the methods or
19 means permitted by such license;

20 (5) The practice of medicine in this state by any commissioned
21 medical officer serving in the armed forces of the United States or
22 public health service or any medical officer on duty with the United
23 States veterans administration while such medical officer is engaged in
24 the performance of the duties prescribed for him or her by the laws and
25 regulations of the United States;

26 (6) The practice of medicine by any practitioner licensed by
27 another state or territory in which he or she resides, provided that
28 such practitioner shall not open an office or appoint a place of
29 meeting patients or receiving calls within this state;

30 (7) The practice of medicine by a person who is a regular student
31 in a school of medicine approved and accredited by the ((~~commission~~))
32 board, however, the performance of such services be only pursuant to a
33 regular course of instruction or assignments from his or her
34 instructor, or that such services are performed only under the
35 supervision and control of a person licensed pursuant to this chapter;

36 (8) The practice of medicine by a person serving a period of
37 postgraduate medical training in a program of clinical medical training

1 sponsored by a college or university in this state or by a hospital
2 accredited in this state, however, the performance of such services
3 shall be only pursuant to his or her duties as a trainee;

4 (9) The practice of medicine by a person who is regularly enrolled
5 in a physician assistant program approved by the (~~commission~~) board,
6 however, the performance of such services shall be only pursuant to a
7 regular course of instruction in said program and such services are
8 performed only under the supervision and control of a person licensed
9 pursuant to this chapter;

10 (10) The practice of medicine by a licensed physician assistant
11 which practice is performed under the supervision and control of a
12 physician licensed pursuant to this chapter;

13 (11) The practice of medicine, in any part of this state which
14 shares a common border with Canada and which is surrounded on three
15 sides by water, by a physician licensed to practice medicine and
16 surgery in Canada or any province or territory thereof;

17 (12) The administration of nondental anesthesia by a dentist who
18 has completed a residency in anesthesiology at a school of medicine
19 approved by the (~~commission~~) board, however, a dentist allowed to
20 administer nondental anesthesia shall do so only under authorization of
21 the patient's attending surgeon, obstetrician, or psychiatrist, and the
22 (~~commission~~) board has jurisdiction to discipline a dentist
23 practicing under this exemption and enjoin or suspend such dentist from
24 the practice of nondental anesthesia according to this chapter and
25 chapter (~~18.130 RCW~~) 18.-- RCW (sections 44 through 88 of this act);

26 (13) Emergency lifesaving service rendered by a physician's trained
27 emergency medical service intermediate life support technician and
28 paramedic, as defined in RCW 18.71.200, if the emergency lifesaving
29 service is rendered under the responsible supervision and control of a
30 licensed physician;

31 (14) The provision of clean, intermittent bladder catheterization
32 for students by public school district employees or private school
33 employees as provided for in RCW 18.79.290 and 28A.210.280.

34 **Sec. 10.** RCW 18.71.040 and 2003 c 275 s 1 are each amended to read
35 as follows:

36 The physicians and physician assistants of the state of Washington
37 are responsible for all costs associated with the licensing,

1 regulation, and discipline, pursuant to the medical disciplinary act,
2 chapter 18.-- RCW (section 44 through 88 of this act), of the medical
3 profession. Every applicant for a license to practice medicine and
4 surgery shall pay a fee determined by the (~~secretary as provided in~~
5 RCW ~~43.70.250~~) board to cover such costs. The board shall from time
6 to time establish the amount of all application fees, license fees,
7 registration fees, examination fees, permit fees, renewal fees, and any
8 other fees associated with the licensing, regulation, or discipline of
9 the profession. In fixing the fees, the board shall set the fees at a
10 sufficient level to defray the costs of administering the board
11 pursuant to this act and the board's obligations pursuant to the
12 medical disciplinary act. All such fees shall be fixed by rule adopted
13 by the board in accordance with the provisions of the administrative
14 procedure act, chapter 34.05 RCW.

15 **Sec. 11.** RCW 18.71.050 and 1994 sp.s. c 9 s 307 are each amended
16 to read as follows:

17 (1) Each applicant who has graduated from a school of medicine
18 located in any state, territory, or possession of the United States,
19 the District of Columbia, or the Dominion of Canada, shall file an
20 application for licensure with the (~~commission~~) board on a form
21 prepared and approved by the (~~secretary with the approval of the~~
22 ~~commission~~) board. Each applicant shall furnish proof satisfactory to
23 the (~~commission~~) board of the following:

24 (a) That the applicant has attended and graduated from a school of
25 medicine approved by the (~~commission~~) board;

26 (b) That the applicant has completed (~~two~~) three years of
27 postgraduate medical training in a program acceptable to the
28 (~~commission~~) board, provided that applicants graduating before July
29 28, 1985, may complete only one year of postgraduate medical training;

30 (c) That the applicant is of good moral character; and

31 (d) That the applicant is physically and mentally capable of safely
32 carrying on the practice of medicine. The (~~commission~~) board may
33 require any applicant to submit to such examination or examinations as
34 it deems necessary to determine an applicant's physical and/or mental
35 capability to safely and competently practice medicine. The costs of
36 such examination or examinations shall be paid by the applicant.

1 (2) Nothing in this section shall be construed as prohibiting the
2 ((~~commission~~)) board from requiring such additional information from
3 applicants as it deems necessary. The issuance and denial of licenses
4 are subject to chapter ((~~18.130 RCW~~)) 18.-- RCW (sections 44 through 88
5 of this act), the ((~~Uniform~~)) medical disciplinary act.

6 **Sec. 12.** RCW 18.71.051 and 1994 sp.s. c 9 s 308 are each amended
7 to read as follows:

8 Applicants for licensure to practice medicine who have graduated
9 from a school of medicine located outside of the states, territories,
10 and possessions of the United States, the District of Columbia, or the
11 Dominion of Canada, shall file an application for licensure with the
12 ((~~commission~~)) board on a form prepared and approved by the ((~~secretary~~
13 ~~with the approval of the commission~~)) board. Each applicant shall
14 furnish proof satisfactory to the ((~~commission~~)) board of the
15 following:

16 (1) That he or she has completed in a school of medicine a resident
17 course of professional instruction equivalent to that required in this
18 chapter for applicants generally;

19 (2) That he or she meets all the requirements, including but not
20 limited to RCW 18.71.050(1) (a) through (c) which must be met by
21 graduates of the United States and Canadian school of medicine except
22 that he or she need not have graduated from a school of medicine
23 approved by the ((~~commission~~)) board;

24 (3) That he or she has satisfactorily passed the examination given
25 by the educational council for foreign medical graduates or has met the
26 requirements in lieu thereof as set forth in rules adopted by the
27 ((~~commission~~)) board;

28 (4) That he or she has the ability to read, write, speak,
29 understand, and be understood in the English language.

30 **Sec. 13.** RCW 18.71.055 and 1996 c 178 s 5 are each amended to read
31 as follows:

32 The ((~~commission~~)) board may approve any school of medicine which
33 is located in any state, territory, or possession of the United States,
34 the District of Columbia, or in the Dominion of Canada, provided that
35 it:

1 (1) Requires collegiate instruction which includes courses deemed
2 by the ((~~commission~~)) board to be prerequisites to medical education;

3 (2) Provides adequate instruction in the following subjects:
4 Anatomy, biochemistry, microbiology and immunology, pathology,
5 pharmacology, physiology, anaesthesiology, dermatology, gynecology,
6 internal medicine, neurology, obstetrics, ophthalmology, orthopedic
7 surgery, otolaryngology, pediatrics, physical medicine and
8 rehabilitation, preventive medicine and public health, psychiatry,
9 radiology, surgery, and urology, and such other subjects determined by
10 the ((~~commission~~)) board;

11 (3) Provides clinical instruction in hospital wards and out-patient
12 clinics under guidance.

13 Approval may be withdrawn by the ((~~commission~~)) board at any time
14 a medical school ceases to comply with one or more of the requirements
15 of this section.

16 (4) Nothing in this section shall be construed to authorize the
17 ((~~commission~~)) board to approve a school of osteopathic medicine and
18 surgery, or osteopathic medicine, for purposes of qualifying an
19 applicant to be licensed under this chapter by direct licensure,
20 reciprocity, or otherwise.

21 **Sec. 14.** RCW 18.71.060 and 1994 sp.s. c 9 s 310 are each amended
22 to read as follows:

23 The ((~~commission~~)) board shall keep an official record of all its
24 proceedings, a part of which record shall consist of a register of all
25 applicants for licensure under this chapter, with the result of each
26 application. The record shall be evidence of all the proceedings of
27 the ((~~commission~~)) board that are set forth in it.

28 **Sec. 15.** RCW 18.71.070 and 1994 sp.s. c 9 s 311 are each amended
29 to read as follows:

30 With the exception of those applicants granted licensure through
31 the provisions of RCW 18.71.090 or 18.71.095, applicants for licensure
32 must successfully complete an examination either administered or
33 approved by the ((~~commission~~)) board to determine their professional
34 qualifications. The ((~~commission~~)) board shall prepare and give, or
35 approve the preparation and giving of, an examination which shall cover
36 those general subjects and topics, a knowledge of which is commonly and

1 generally required of candidates for the degree of doctor of medicine
2 conferred by approved colleges or schools of medicine in the United
3 States. Notwithstanding any other provision of law, the ((~~commission~~))
4 board has the sole responsibility for determining the proficiency of
5 applicants under this chapter, and, in so doing, may waive any
6 prerequisite to licensure not set forth in this chapter.

7 The ((~~commission~~)) board may by rule establish the passing grade
8 for the examination.

9 Examination results shall be part of the records of the
10 ((~~commission~~)) board and shall be permanently kept with the applicant's
11 file.

12 **Sec. 16.** RCW 18.71.080 and 1996 c 191 s 52 are each amended to
13 read as follows:

14 Every person licensed to practice medicine in this state shall pay
15 licensing fees established by the board under RCW 18.71.040 and renew
16 his or her license in accordance with ((~~administrative~~)) the procedures
17 and ((~~administrative~~)) requirements adopted ((~~as provided in RCW~~
18 ~~43.70.250 and 43.70.280~~)) by the board.

19 The board shall establish by rule the procedures, requirements, and
20 fees for initial issue, renewal, and reissue of a license to practice
21 medicine under this chapter, including procedures and requirements for
22 late renewals and uniform application of late renewal penalties.
23 Failure to renew invalidates the license and all privileges granted by
24 the license.

25 The board may, from time to time, extend or otherwise modify the
26 duration of the licensing period, whether an initial or renewal period,
27 if the board determines that it would result in a more economical or
28 efficient operation of state government and that the public health,
29 safety, or welfare would not be substantially adversely affected
30 thereby. However, no license may be issued or approved for a period in
31 excess of four years, without renewal. Such extension, reduction, or
32 other modification of a licensing period shall be by rule of the board
33 adopted in accordance with the provisions of chapter 34.05 RCW. Such
34 rules may provide a method for imposing and collecting such additional
35 proportional fee as may be required for the extended or modified
36 period.

1 The (~~commission~~) board may establish rules governing mandatory
2 continuing education requirements which shall be met by physicians
3 applying for renewal of licenses. The rules shall provide that
4 mandatory continuing education requirements may be met in part by
5 physicians showing evidence of the completion of approved activities
6 relating to professional liability risk management. The (~~commission~~)
7 board, in its sole discretion, may permit an applicant who has not
8 renewed his or her license to be licensed without examination if it is
9 satisfied that such applicant meets all the requirements for licensure
10 in this state, and is competent to engage in the practice of medicine.

11 **Sec. 17.** RCW 18.71.085 and 1996 c 191 s 53 are each amended to
12 read as follows:

13 The (~~commission~~) board may adopt rules pursuant to this section
14 authorizing an inactive license status.

15 (1) An individual licensed pursuant to this chapter (~~(18.71-RCW)~~)
16 may place his or her license on inactive status. The holder of an
17 inactive license shall not practice medicine and surgery in this state
18 without first activating the license.

19 (2) The (~~administrative~~) procedures, (~~administrative~~)
20 requirements, and fees for inactive renewal shall be established
21 pursuant to RCW (~~(43.70.250 and 43.70.280)~~) 18.71.040 and 18.71.080.

22 (3) An inactive license may be placed in an active status upon
23 compliance with rules established by the (~~commission~~) board.

24 (4) Provisions relating to disciplinary action against a person
25 with a license shall be applicable to a person with an inactive
26 license, except that when disciplinary proceedings against a person
27 with an inactive license have been initiated, the license shall remain
28 inactive until the proceedings have been completed.

29 **Sec. 18.** RCW 18.71.090 and 1994 sp.s. c 9 s 314 are each amended
30 to read as follows:

31 Any applicant who meets the requirements of RCW 18.71.050 and has
32 been licensed under the laws of another state, territory, or possession
33 of the United States, or of any province of Canada, or an applicant who
34 has satisfactorily passed examinations given by the national board of
35 medical examiners may, in the discretion of the (~~commission~~) board,
36 be granted a license without examination on the payment of the fees

1 required by this chapter: PROVIDED, That the applicant must file with
2 the ((~~commission~~)) board a copy of the license certified by the proper
3 authorities of the issuing state to be a full, true copy thereof, and
4 must show that the standards, eligibility requirements, and
5 examinations of that state are at least equal in all respects to those
6 of this state.

7 **Sec. 19.** RCW 18.71.095 and 2001 c 114 s 1 are each amended to read
8 as follows:

9 The ((~~commission~~)) board may, without examination, issue a limited
10 license to persons who possess the qualifications set forth herein:

11 (1) The ((~~commission~~)) board may, upon the written request of the
12 secretary of the department of social and health services or the
13 secretary of corrections, issue a limited license to practice medicine
14 in this state to persons who have been accepted for employment by the
15 department of social and health services or the department of
16 corrections as physicians; who are licensed to practice medicine in
17 another state of the United States or in the country of Canada or any
18 province or territory thereof; and who meet all of the qualifications
19 for licensure set forth in RCW 18.71.050.

20 Such license shall permit the holder thereof to practice medicine
21 only in connection with patients, residents, or inmates of the state
22 institutions under the control and supervision of the secretary of the
23 department of social and health services or the department of
24 corrections.

25 (2) The ((~~commission~~)) board may issue a limited license to
26 practice medicine in this state to persons who have been accepted for
27 employment by a county or city health department as physicians; who are
28 licensed to practice medicine in another state of the United States or
29 in the country of Canada or any province or territory thereof; and who
30 meet all of the qualifications for licensure set forth in RCW
31 18.71.050.

32 Such license shall permit the holder thereof to practice medicine
33 only in connection with his or her duties in employment with the city
34 or county health department.

35 (3) Upon receipt of a completed application showing that the
36 applicant meets all of the requirements for licensure set forth in RCW
37 18.71.050 except for completion of ((~~two~~)) three years of postgraduate

1 medical training, and that the applicant has been appointed as a
2 resident physician in a program of postgraduate clinical training in
3 this state approved by the ((~~commission~~)) board, the ((~~commission~~))
4 board may issue a limited license to a resident physician. Such
5 license shall permit the resident physician to practice medicine only
6 in connection with his or her duties as a resident physician and shall
7 not authorize the physician to engage in any other form of practice.
8 Each resident physician shall practice medicine only under the
9 supervision and control of a physician licensed in this state, but such
10 supervision and control shall not be construed to necessarily require
11 the personal presence of the supervising physician at the place where
12 services are rendered.

13 (4)(a) Upon nomination by the dean of the school of medicine at the
14 University of Washington or the chief executive officer of a hospital
15 or other appropriate health care facility licensed in the state of
16 Washington, the ((~~commission~~)) board may issue a limited license to a
17 physician applicant invited to serve as a teaching-research member of
18 the institution's instructional staff if the sponsoring institution and
19 the applicant give evidence that he or she has graduated from a
20 recognized medical school and has been licensed or otherwise privileged
21 to practice medicine at his or her location of origin. Such license
22 shall permit the recipient to practice medicine only within the
23 confines of the instructional program specified in the application and
24 shall terminate whenever the holder ceases to be involved in that
25 program, or at the end of one year, whichever is earlier. Upon request
26 of the applicant and the institutional authority, the license may be
27 renewed.

28 (b) Upon nomination by the dean of the school of medicine of the
29 University of Washington or the chief executive officer of any hospital
30 or appropriate health care facility licensed in the state of
31 Washington, the ((~~commission~~)) board may issue a limited license to an
32 applicant selected by the sponsoring institution to be enrolled in one
33 of its designated departmental or divisional fellowship programs
34 provided that the applicant shall have graduated from a recognized
35 medical school and has been granted a license or other appropriate
36 certificate to practice medicine in the location of the applicant's
37 origin. Such license shall permit the holder only to practice medicine
38 within the confines of the fellowship program to which he or she has

1 been appointed and, upon the request of the applicant and the
2 sponsoring institution, the license may be renewed by the
3 ((~~commission~~)) board for no more than a total of two years.

4 All persons licensed under this section shall be subject to the
5 jurisdiction of the ((~~commission~~)) board to the same extent as other
6 members of the medical profession, in accordance with this chapter and
7 chapter ((~~18.130 RCW~~)) 18.-- RCW (sections 44 through 88 of this act).

8 Persons applying for licensure and renewing licenses pursuant to
9 this section shall comply with ((~~administrative~~)) procedures,
10 ((~~administrative~~)) requirements, and fees determined by the board as
11 provided in RCW ((~~43.70.250 and 43.70.280~~)) 18.71.040 and 18.71.080.
12 Any person who obtains a limited license pursuant to this section may
13 apply for licensure under this chapter, but shall submit a new
14 application form and comply with all other licensing requirements of
15 this chapter.

16 **Sec. 20.** RCW 18.71.205 and 1996 c 191 s 55 and 1996 c 178 s 6 are
17 each reenacted and amended to read as follows:

18 (1) The secretary of the department of health, in conjunction with
19 the advice and assistance of the emergency medical services licensing
20 and certification advisory committee as prescribed in RCW 18.73.050,
21 and the ((~~commission~~)) board, shall prescribe:

22 (a) Practice parameters, training standards for, and levels of,
23 physician trained emergency medical service intermediate life support
24 technicians and paramedics;

25 (b) Minimum standards and performance requirements for the
26 certification and recertification of physician's trained emergency
27 medical service intermediate life support technicians and paramedics;
28 and

29 (c) Procedures for certification, recertification, and
30 decertification of physician's trained emergency medical service
31 intermediate life support technicians and paramedics.

32 (2) Initial certification shall be for a period established by the
33 secretary pursuant to RCW 43.70.250 and 43.70.280.

34 (3) Recertification shall be granted upon proof of continuing
35 satisfactory performance and education, and shall be for a period
36 established by the secretary pursuant to RCW 43.70.250 and 43.70.280.

1 (4) As used in this chapter(~~(s 18.71)~~) and chapter 18.73 RCW,
2 "approved medical program director" means a person who:

3 (a) Is licensed to practice medicine and surgery pursuant to this
4 chapter (~~(18.71 RCW)~~) or osteopathic medicine and surgery pursuant to
5 chapter 18.57 RCW; and

6 (b) Is qualified and knowledgeable in the administration and
7 management of emergency care and services; and

8 (c) Is so certified by the department of health for a county, group
9 of counties, or cities with populations over four hundred thousand in
10 coordination with the recommendations of the local medical community
11 and local emergency medical services and trauma care council.

12 (5) The Uniform Disciplinary Act, chapter 18.130 RCW, governs
13 uncertified practice, the issuance and denial of certificates, and the
14 disciplining of certificate holders under this section. The secretary
15 shall be the disciplining authority under this section. Disciplinary
16 action shall be initiated against a person credentialed under this
17 chapter in a manner consistent with the responsibilities and duties of
18 the medical program director under whom such person is responsible.

19 (6) Such activities of physician's trained emergency medical
20 service intermediate life support technicians and paramedics shall be
21 limited to actions taken under the express written or oral order of
22 medical program directors and shall not be construed at any time to
23 include free standing or nondirected actions, for actions not
24 presenting an emergency or life-threatening condition.

25 **Sec. 21.** RCW 18.71.230 and 1994 sp.s. c 9 s 317 are each amended
26 to read as follows:

27 A right to practice medicine and surgery by an individual in this
28 state pursuant to RCW 18.71.030 (5) through (12) shall be subject to
29 discipline by order of the (~~(commission)~~) board upon a finding by the
30 (~~(commission)~~) board of an act of unprofessional conduct as defined in
31 (~~(RCW 18.130.180)~~) section 70 of this act or that the individual is
32 unable to practice with reasonable skill or safety due to a mental or
33 physical condition as described in (~~(RCW 18.130.170)~~) section 67 of
34 this act. Such physician shall have the same rights of notice,
35 hearing, and judicial review as provided licensed physicians generally
36 under this chapter and chapter (~~(18.130 RCW)~~) 18.-- RCW (sections 44
37 through 88 of this act).

1 **Sec. 22.** RCW 18.71.300 and 1998 c 132 s 3 are each amended to read
2 as follows:

3 The definitions in this section apply throughout RCW 18.71.310
4 through 18.71.340 unless the context clearly requires otherwise.

5 (1) "Entity" means a nonprofit corporation formed by physicians who
6 have expertise in the areas of alcohol abuse, drug abuse, alcoholism,
7 other drug addictions, and mental illness and who broadly represent the
8 physicians of the state and that has been designated to perform any or
9 all of the activities set forth in RCW 18.71.310(1) by the
10 ((~~commission~~)) board.

11 (2) "Impaired" or "impairment" means the inability to practice
12 medicine with reasonable skill and safety to patients by reason of
13 physical or mental illness including alcohol abuse, drug abuse,
14 alcoholism, other drug addictions, or other debilitating conditions.

15 (3) "Impaired physician program" means the program for the
16 prevention, detection, intervention, monitoring, and treatment of
17 impaired physicians established by the ((~~commission~~)) board pursuant to
18 RCW 18.71.310(1).

19 (4) "Physician" or "practitioner" means a person licensed under
20 this chapter, chapter 18.71A RCW, or a professional licensed under
21 another chapter of Title 18 RCW whose disciplining authority has a
22 contract with the entity for an impaired practitioner program for its
23 license holders.

24 (5) "Treatment program" means a plan of care and rehabilitation
25 services provided by those organizations or persons authorized to
26 provide such services to be approved by the ((~~commission~~)) board or
27 entity for impaired physicians taking part in the impaired physician
28 program created by RCW 18.71.310.

29 **Sec. 23.** RCW 18.71.310 and 2001 c 109 s 1 are each amended to read
30 as follows:

31 (1) The ((~~commission~~)) board shall enter into a contract with the
32 entity to implement an impaired physician program. The ((~~commission~~))
33 board may enter into a contract with the entity for up to six years in
34 length. The impaired physician program may include any or all of the
35 following:

36 (a) Entering into relationships supportive of the impaired

1 physician program with professionals who provide either evaluation or
2 treatment services, or both;

3 (b) Receiving and assessing reports of suspected impairment from
4 any source;

5 (c) Intervening in cases of verified impairment, or in cases where
6 there is reasonable cause to suspect impairment;

7 (d) Upon reasonable cause, referring suspected or verified impaired
8 physicians for evaluation or treatment;

9 (e) Monitoring the treatment and rehabilitation of impaired
10 physicians including those ordered by the (~~commission~~) board;

11 (f) Providing monitoring and continuing treatment and
12 rehabilitative support of physicians;

13 (g) Performing such other activities as agreed upon by the
14 (~~commission~~) board and the entity; and

15 (h) Providing prevention and education services.

16 (2) A contract entered into under subsection (1) of this section
17 shall be financed by a surcharge of not less than twenty-five and not
18 more than thirty-five dollars per year on each license renewal or
19 issuance of a new license to be collected by the department of health
20 from every physician and surgeon licensed under this chapter in
21 addition to other license fees. These moneys shall be placed in the
22 impaired physician account to be used solely for the implementation of
23 the impaired physician program.

24 **Sec. 24.** RCW 18.71.315 and 1998 c 132 s 12 are each amended to
25 read as follows:

26 The impaired physician account is created in the custody of the
27 state treasurer. All receipts from RCW 18.71.310 from license
28 surcharges on physicians and physician assistants shall be deposited
29 into the account. Expenditures from the account may only be used for
30 the impaired physician program under this chapter. Only the
31 (~~secretary of health or the secretary's designee~~) board or its
32 executive director may authorize expenditures from the account. No
33 appropriation is required for expenditures from this account.

34 **Sec. 25.** RCW 18.71.320 and 1998 c 132 s 5 are each amended to read
35 as follows:

1 The entity shall develop procedures in consultation with the
2 ((~~commission~~)) board for:

3 (1) Periodic reporting of statistical information regarding
4 impaired physician activity;

5 (2) Periodic disclosure and joint review of such information as the
6 ((~~commission~~)) board may deem appropriate regarding reports received,
7 contacts or investigations made, and the disposition of each report.
8 However, the entity shall not disclose any personally identifiable
9 information except as provided in subsections (3) and (4) of this
10 section;

11 (3) Immediate reporting to the ((~~commission~~)) board of the name and
12 results of any contact or investigation regarding any suspected or
13 verified impaired physician who is reasonably believed probably to
14 constitute an imminent danger to himself or herself or to the public;

15 (4) Reporting to the ((~~commission~~)) board, in a timely fashion, any
16 suspected or verified impaired physician who fails to cooperate with
17 the entity, fails to submit to evaluation or treatment, or whose
18 impairment is not substantially alleviated through treatment, or who,
19 in the opinion of the entity, is probably unable to practice medicine
20 with reasonable skill and safety;

21 (5) Informing each participant of the impaired physician program of
22 the program procedures, the responsibilities of program participants,
23 and the possible consequences of noncompliance with the program.

24 **Sec. 26.** RCW 18.71.330 and 1998 c 132 s 6 are each amended to read
25 as follows:

26 If the ((~~commission~~)) board has reasonable cause to believe that a
27 physician is impaired, the ((~~commission~~)) board shall cause an
28 evaluation of such physician to be conducted by the entity or the
29 entity's designee or the ((~~commission's~~)) board's designee for the
30 purpose of determining if there is an impairment. The entity or
31 appropriate designee shall report the findings of its evaluation to the
32 ((~~commission~~)) board.

33 **Sec. 27.** RCW 18.71.350 and 1994 sp.s. c 9 s 333 are each amended
34 to read as follows:

35 (1) Every institution or organization providing professional
36 liability insurance to physicians shall send a complete report to the

1 ((~~commission~~)) board of all malpractice settlements, awards, or
2 payments ((~~in excess of twenty thousand dollars~~)) as a result of a
3 claim or action for damages alleged to have been caused by an insured
4 physician's incompetency or negligence in the practice of medicine.
5 Such institution or organization shall also report the award,
6 settlement, or payment of three or more claims during a five-year time
7 period as the result of the alleged physician's incompetence or
8 negligence in the practice of medicine regardless of the dollar amount
9 of the award or payment.

10 (2) Reports required by this section shall be made within sixty
11 days of the date of the settlement or verdict. Failure to comply with
12 this section is punishable by a civil penalty not to exceed two hundred
13 fifty dollars.

14 NEW SECTION. Sec. 28. (1) There is created in the state treasury
15 an account to be known as the medical professions account. All fees or
16 other funds received by the board for licenses, registration,
17 certifications, renewals, or examinations and any civil penalties
18 assessed and collected by the board under chapter 18.-- RCW (sections
19 44 through 88 of this act) shall be forwarded to the state treasurer
20 who shall credit such moneys to the medical professions account. Any
21 residue in the medical professions account shall be accumulated and
22 shall not revert to the general fund at the end of the biennium. Any
23 interest accrued from surplus funds in the medical professions account
24 shall be deposited in the medical professions account and shall not
25 revert to the general fund at the end of the biennium.

26 (2) Expenditures from the medical professions account may be used
27 only for the exclusive purpose of carrying out the licensing,
28 disciplinary, and other functions of the board as set forth in chapters
29 18.71, 18.71A, and 18.-- (sections 44 through 88 of this act) RCW. No
30 appropriation is required for expenditures from this account.

31 (3) Only the board or its executive director may authorize
32 expenditures from the medical professions account.

33 (4) All funds not appropriated but deposited in the medical
34 professions account from licensing fees and other funds collected from
35 physician and physician assistants prior to July 2007 shall be
36 transferred into the medical professions account by the state
37 treasurer.

1 NEW SECTION. **Sec. 29.** The board shall provide an annual report of
2 the activities of the board to the legislature and shall make itself
3 available to answer questions of the legislature at such times as are
4 mutually convenient to both the board and the legislature.

5 NEW SECTION. **Sec. 30.** The definitions in this section apply
6 throughout sections 31 through 36 of this act unless the context
7 clearly requires otherwise.

8 (1) "Entity" means a nonprofit corporation formed by physicians who
9 have expertise in the areas of medical standards of care, ethical
10 conduct, and other professional standards, and who broadly represent
11 the physicians of the state of Washington, and has been designated to
12 perform any or all of the activities set forth in section 32 of this
13 act by the board.

14 (2) "Physician education and improvement program" means a quality
15 care improvement program that seeks to educate and improve physician
16 proficiency with regard to quality of care, professional standards,
17 ethical guidelines, and other practice standard issues established by
18 the board pursuant to section 32 of this act.

19 (3) "Physician" or "practitioner" means a person licensed under
20 this chapter or chapter 18.71A RCW.

21 NEW SECTION. **Sec. 31.** It is the purpose of the legislature to
22 improve patient safety and the quality of patient care through the
23 creation of an organization that can assist physicians and physician
24 assistants whose care may be lacking in certain respects, but does not
25 yet present a significant threat to the public and is not yet
26 actionable under the medical disciplinary act. The goal of the
27 voluntary organization is to help improve the care of physicians and
28 physician assistants so that they can provide safer and higher quality
29 care to the citizens of this state.

30 NEW SECTION. **Sec. 32.** (1) The board shall enter into a contract
31 with the entity to implement a physician education and improvement
32 program. The board may enter into a contract with the entity for up to
33 six years in length. The physician education and improvement program
34 may include any or all of the following:

1 (a) Entering into relationships supportive of the physician
2 education and improvement program with professionals who provide the
3 following services: Evaluation, education, or quality care
4 improvement;

5 (b) Receiving and assessing reports from any source raising issues
6 with a physician's or physician assistant's care or conduct that may
7 need improvement;

8 (c) Intervening in cases of questionable behavior or care, or in
9 cases where there is reasonable cause to suspect there is a quality of
10 care or behavior issue;

11 (d) Upon reasonable cause, referring physicians or physician
12 assistants for evaluation, education, or quality improvement;

13 (e) Monitoring the education and quality improvement of physicians
14 and physician assistants;

15 (f) Providing monitoring and continuing rehabilitative support of
16 physicians and physician assistants;

17 (g) Performing such other activities as agreed upon by the board
18 and the entity; and

19 (h) Providing prevention, education, and quality improvement
20 services.

21 (2) A contract entered into under subsection (1) of this section
22 shall be financed by funds in the medical professions account; or if
23 determined necessary by the board, a surcharge of not less than
24 twenty-five and not more than thirty-five dollars per year on each
25 license renewal or issuance of a new license to be collected by the
26 board from every physician and surgeon licensed under this chapter in
27 addition to other license fees. These moneys shall be placed in the
28 physician education and improvement account to be used solely for the
29 implementation of the physician education and improvement program.

30 NEW SECTION. **Sec. 33.** The physician education and improvement
31 account is created in the custody of the state treasurer. All receipts
32 from section 32 of this act from license surcharges on physicians and
33 physician assistants shall be deposited into the account. Expenditures
34 from the account may only be used for the physician education and
35 improvement program under sections 30 through 36 of this act. Only the
36 board or its executive director may authorize expenditures from the

1 account. No appropriation is required for expenditures from this
2 account.

3 NEW SECTION. **Sec. 34.** The entity shall develop procedures in
4 consultation with the board for:

5 (1) Periodic reporting of statistical information regarding
6 physician education and improvement program activity;

7 (2) Periodic disclosure and joint review of such information as the
8 board may deem appropriate regarding reports received, contacts or
9 investigations made, and the disposition of each report. However, the
10 entity shall not disclose any personally identifiable information
11 except as provided in subsections (3) and (4) of this section;

12 (3) Immediate reporting to the board of the name and results of any
13 contact or investigation regarding any physician who is reasonably
14 believed to constitute a danger to himself or herself or to the public;

15 (4) Reporting to the board, in a timely fashion, any physician who
16 fails to cooperate with the entity, who fails to submit to evaluation
17 or rehabilitation, whose problems are not substantially alleviated
18 through education or a quality improvement course, or who, in the
19 opinion of the entity, is probably unable to practice medicine with
20 reasonable skill and safety;

21 (5) Informing each participant of the physician education and
22 improvement program of the program procedures, the responsibilities of
23 program participants, and the possible consequences of noncompliance
24 with the program.

25 NEW SECTION. **Sec. 35.** If the board has reasonable cause to
26 believe that a physician's practice is deficient in some capacity, but
27 the behavior is not egregious enough to constitute unprofessional
28 conduct under the medical disciplinary act, chapter 18.-- RCW (sections
29 44 through 88 of this act), the board may cause an evaluation of such
30 physician to be conducted by the entity or the entity's designee or the
31 board's designee for the purpose of determining if education is
32 appropriate for the physician. The entity or appropriate designee
33 shall report the findings of its evaluation to the board.

34 NEW SECTION. **Sec. 36.** All entity records and all findings

1 pursuant to sections 31 through 35 of this act are not subject to
2 disclosure pursuant to chapter 42.56 RCW.

3 **Sec. 37.** RCW 18.71A.010 and 1994 sp.s. c 9 s 318 are each amended
4 to read as follows:

5 The definitions set forth in this section apply throughout this
6 chapter.

7 (1) "Physician assistant" means a person who is licensed by the
8 (~~commission~~) board to practice medicine to a limited extent only
9 under the supervision of a physician as defined in chapter 18.71 RCW
10 and who is academically and clinically prepared to provide health care
11 services and perform diagnostic, therapeutic, preventative, and health
12 maintenance services.

13 (2) (~~"Commission"~~) "Board" means the Washington state medical
14 (~~quality assurance commission~~) board for safety and quality.

15 (3) "Practice medicine" has the meaning defined in RCW 18.71.011.

16 (~~(4) "Secretary" means the secretary of health or the secretary's~~
17 ~~designee.~~

18 (~~(5) "Department" means the department of health.~~)

19 **Sec. 38.** RCW 18.71A.020 and 1999 c 127 s 1 are each amended to
20 read as follows:

21 (1) The (~~commission~~) board shall adopt rules fixing the
22 qualifications and the educational and training requirements for
23 licensure as a physician assistant or for those enrolled in any
24 physician assistant training program. The requirements shall include
25 completion of an accredited physician assistant training program
26 approved by the (~~commission~~) board and within one year successfully
27 take and pass an examination approved by the (~~commission~~) board, if
28 the examination tests subjects substantially equivalent to the
29 curriculum of an accredited physician assistant training program. An
30 interim permit may be granted by the department of health for one year
31 provided the applicant meets all other requirements. Physician
32 assistants licensed by the board of medical examiners, (~~or~~) the
33 medical quality assurance commission, or the board as of (~~July 1,~~
34 ~~1999,~~) the effective date of this act shall continue to be licensed.

35 (2)(a) The (~~commission~~) board shall adopt rules governing the
36 extent to which:

1 (i) Physician assistant students may practice medicine during
2 training; and
3 (ii) Physician assistants may practice after successful completion
4 of a physician assistant training course.
5 (b) Such rules shall provide:
6 (i) That the practice of a physician assistant shall be limited to
7 the performance of those services for which he or she is trained; and
8 (ii) That each physician assistant shall practice medicine only
9 under the supervision and control of a physician licensed in this
10 state, but such supervision and control shall not be construed to
11 necessarily require the personal presence of the supervising physician
12 or physicians at the place where services are rendered.
13 (3) Applicants for licensure shall file an application with the
14 (~~commission~~) board on a form prepared and approved by the (~~secretary~~
15 ~~with the approval of the commission~~) board, detailing the education,
16 training, and experience of the physician assistant and such other
17 information as the (~~commission~~) board may require. The application
18 shall be accompanied by a fee determined by the (~~secretary~~) board as
19 provided in RCW (~~43.70.250 and 43.70.280~~) 18.71.040 and 18.71.080.
20 A surcharge of twenty-five dollars per year shall be charged on each
21 license renewal or issuance of a new license to be collected by the
22 (~~department~~) board and deposited into the impaired physician account
23 for physician assistant participation in the impaired physician
24 program. Each applicant shall furnish proof satisfactory to the
25 (~~commission~~) board of the following:
26 (a) That the applicant has completed an accredited physician
27 assistant program approved by the (~~commission~~) board and is eligible
28 to take the examination approved by the (~~commission~~) board;
29 (b) That the applicant is of good moral character; and
30 (c) That the applicant is physically and mentally capable of
31 practicing medicine as a physician assistant with reasonable skill and
32 safety. The (~~commission~~) board may require an applicant to submit to
33 such examination or examinations as it deems necessary to determine an
34 applicant's physical or mental capability, or both, to safely practice
35 as a physician assistant.
36 (4) The (~~commission~~) board may approve, deny, or take other
37 disciplinary action upon the application for license as provided in the
38 (~~Uniform~~) medical disciplinary act, chapter (~~18.130 RCW~~) 18.-- RCW

1 (sections 44 through 88 of this act). The license shall be renewed as
2 determined under RCW ~~((43.70.250 and 43.70.280))~~ 18.71.040 and
3 18.71.080. The ~~((commission))~~ board may authorize the use of
4 alternative supervisors who are licensed either under chapter 18.57 or
5 18.71 RCW.

6 **Sec. 39.** RCW 18.71A.025 and 1986 c 259 s 106 are each amended to
7 read as follows:

8 The ~~((uniform))~~ medical disciplinary act, chapter ~~((18.130 RCW))~~
9 18.-- RCW (sections 44 through 88 of this act), governs the issuance
10 and denial of licenses and the discipline of licensees under this
11 chapter.

12 **Sec. 40.** RCW 18.71A.030 and 1994 sp.s. c 9 s 320 are each amended
13 to read as follows:

14 A physician assistant may practice medicine in this state only with
15 the approval of the practice arrangement plan by the ~~((commission))~~
16 board and only to the extent permitted by the ~~((commission))~~ board. A
17 physician assistant who has received a license but who has not received
18 ~~((commission))~~ board approval of the practice arrangement plan under
19 RCW 18.71A.040 may not practice. A physician assistant shall be
20 subject to discipline under chapter ~~((18.130 RCW))~~ 18.-- RCW (sections
21 44 through 88 of this act).

22 **Sec. 41.** RCW 18.71A.040 and 1996 c 191 s 58 and 1996 c 191 s 40
23 are each reenacted and amended to read as follows:

24 (1) No physician assistant practicing in this state shall be
25 employed or supervised by a physician or physician group without the
26 approval of the ~~((commission))~~ board.

27 (2) Prior to commencing practice, a physician assistant licensed in
28 this state shall apply to the ~~((commission))~~ board for permission to be
29 employed or supervised by a physician or physician group. The practice
30 arrangement plan shall be jointly submitted by the physician or
31 physician group and physician assistant. ~~((Administrative))~~
32 Procedures, ~~((administrative))~~ requirements, and fees shall be
33 established as provided in RCW ~~((43.70.250 and 43.70.280))~~ 18.71.040
34 and 18.71.080. The practice arrangement plan shall delineate the
35 manner and extent to which the physician assistant would practice and

1 be supervised. Whenever a physician assistant is practicing in a
2 manner inconsistent with the approved practice arrangement plan, the
3 (~~commission~~) board may take disciplinary action under chapter
4 (~~18.130 RCW~~) 18.-- RCW (sections 44 through 88 of this act).

5 **Sec. 42.** RCW 18.71A.050 and 1994 sp.s. c 9 s 323 are each amended
6 to read as follows:

7 No physician who supervises a licensed physician assistant in
8 accordance with and within the terms of any permission granted by the
9 (~~commission~~) board is considered as aiding and abetting an unlicensed
10 person to practice medicine. The supervising physician and physician
11 assistant shall retain professional and personal responsibility for any
12 act which constitutes the practice of medicine as defined in RCW
13 18.71.011 when performed by the physician assistant.

14 **Sec. 43.** RCW 18.71A.085 and 1994 sp.s. c 9 s 325 are each amended
15 to read as follows:

16 Any physician assistant acupuncturist currently licensed by the
17 (~~commission~~) board may continue to perform acupuncture under the
18 physician assistant license as long as he or she maintains licensure as
19 a physician assistant.

20 NEW SECTION. **Sec. 44.** Protecting patients is one of the
21 legislature's most important goals and a necessary component of an
22 efficient health delivery system. Therefore, it is the intent of the
23 legislature to improve patient safety by requiring greater
24 accountability from the procedures, processes, and organization
25 responsible for disciplining the state's licensed physicians and
26 physician assistants through the establishment of a separate
27 disciplinary act, the medical disciplinary act, with procedures and
28 processes unique to the medical profession and the creation of a
29 separate independent medical review body responsible for ruling on
30 medical disciplinary cases.

31 NEW SECTION. **Sec. 45.** The definitions in this section apply
32 throughout this chapter unless the context clearly requires otherwise.

33 (1) "Board" means the Washington state medical board for safety and

1 quality, which has the authority to take disciplinary action against a
2 holder of, or applicant for, a license to practice medicine upon a
3 finding of a violation of this chapter.

4 (2) "Medical review panel" means an independent adjudicative panel
5 responsible for acting as the impartial trier of fact and issuing final
6 orders for all disciplinary hearings brought pursuant to this chapter.

7 (3) "Medical law judge" means an attorney licensed in the state of
8 Washington responsible for (a) ensuring all disciplinary hearings
9 requested pursuant to this chapter are conducted in a fair and
10 efficient manner, (b) presiding over all disciplinary hearings and
11 ruling on all procedural and evidentiary motions, (c) assisting the
12 medical review panel with other general issues of procedure and
13 process, and (d) signing off on all orders, stipulations, subpoena
14 requests, statements of charges, summary suspensions, or other actions
15 taken by the board or the medical review panel.

16 (4) "Unlicensed practice" means:

17 (a) Practicing medicine without holding a valid, unexpired,
18 unrevoked, and unsuspended license to do so; or

19 (b) Representing to a consumer, through offerings, advertisements,
20 or use of a professional title or designation, that the individual is
21 qualified to practice medicine, without holding a valid, unexpired,
22 unrevoked, and unsuspended license to do so.

23 (5) "Disciplinary action" means sanctions identified in section 65
24 of this act.

25 (6) "Practice review" means an investigative audit of records
26 related to the complaint, without prior identification of specific
27 patient or consumer names, or an assessment of the conditions,
28 circumstances, and methods of the professional's practice related to
29 the complaint, to determine whether unprofessional conduct may have
30 been committed.

31 (7) "Health agency" means city and county health departments and
32 the department of health.

33 (8) "License," "licensing," and "licensure" shall be deemed
34 equivalent to the terms "license," "licensing," "licensure,"
35 "certificate," "certification," and "registration" as those terms are
36 defined in RCW 18.120.020.

1 NEW SECTION. **Sec. 46.** (1) This chapter applies to the medical
2 board for safety and quality and the physicians and physician
3 assistants licensed under chapters 18.71 and 18.71A RCW.

4 (2) In addition to the authority to discipline license holders, the
5 board has the authority to grant or deny licenses based on the
6 conditions and criteria established in this chapter. This chapter also
7 governs any investigation, hearing, or proceeding relating to denial of
8 licensure or issuance of a license conditioned on the applicant's
9 compliance with an order entered pursuant to section 65 of this act by
10 the board or medical review panel.

11 NEW SECTION. **Sec. 47.** The board has the following authority:

12 (1) To adopt, amend, and rescind such rules as are deemed necessary
13 to carry out this chapter, and, in consultation with the medical review
14 panel, to adopt, amend, and rescind such rules as are deemed necessary
15 to carry out the activities of the medical review panel as set forth in
16 this chapter;

17 (2) To investigate all complaints or reports of unprofessional
18 conduct as defined in this chapter;

19 (3) To issue subpoenas and administer oaths in connection with any
20 investigation or proceeding held under this chapter;

21 (4) To take or cause depositions to be taken and use other
22 discovery procedures as needed in any investigation or proceeding held
23 under this chapter;

24 (5) In the course of investigating a complaint or report of
25 unprofessional conduct, to conduct practice reviews;

26 (6) To take emergency action ordering summary suspension of a
27 license, or restriction or limitation of the license holder's practice
28 pending completion of all required proceedings provided for in this
29 chapter. Consistent with section 82 of this act, the board shall issue
30 a summary suspension of the license or temporary practice permit of a
31 license holder prohibited from practicing medicine in another state,
32 federal, or foreign jurisdiction because of an act of unprofessional
33 conduct that is substantially equivalent to an act of unprofessional
34 conduct prohibited by this chapter. The summary suspension remains in
35 effect until all required proceedings provided for in this chapter have
36 been completed;

1 (7) To use individual members of the board to direct
2 investigations;

3 (8) To enter into contracts for professional services determined to
4 be necessary for adequate enforcement of this chapter;

5 (9) To contract with licensees or other persons or organizations to
6 provide services necessary for the monitoring and supervision of
7 licensees who are placed on probation, whose professional activities
8 are restricted, or who are for any authorized purpose subject to
9 monitoring by the board;

10 (10) To adopt standards of professional conduct or practice;

11 (11) To grant or deny license applications, and in the event of a
12 finding of unprofessional conduct by an applicant or license holder, to
13 impose any sanction against a license applicant or license holder
14 provided by this chapter;

15 (12) To establish panels consisting of three or more members of the
16 board to perform any duty or authority within the board's jurisdiction
17 under this chapter;

18 (13) To review and audit the records of licensed health facilities'
19 or services' quality assurance committee decisions in which a
20 licensee's practice privilege or employment is terminated or
21 restricted. Each health facility or service shall produce and make
22 accessible to the board the appropriate records and otherwise
23 facilitate the review and audit. Information so gained shall not be
24 subject to discovery or introduction into evidence in any civil action
25 pursuant to RCW 70.41.200(3);

26 (14) To employ such investigative, administrative, and clerical
27 staff as necessary for the enforcement of this chapter;

28 (15) To establish fees to be paid for witnesses, expert witnesses,
29 and consultants used in any investigation;

30 (16) To conduct investigations and practice reviews, issue
31 subpoenas, administer oaths, and take depositions in the course of
32 conducting investigations and practice reviews;

33 (17) To establish a system to recruit potential public members,
34 review the qualifications of such potential members, and provide
35 orientation to those public members appointed by the governor;

36 (18) To adopt rules requiring every license holder to report
37 information identified in section 50 of this act;

1 (19) To appoint pro tem members to participate as members of the
2 board or a panel of the board in connection with proceedings
3 specifically identified by the board. Individuals so appointed must
4 meet the same minimum qualifications as regular members of the board.
5 Pro tem members appointed for matters under this chapter are appointed
6 for a term of no more than one year. No pro tem member may serve more
7 than four one-year terms. While serving as board members pro tem,
8 persons so appointed have all the powers, duties, and immunities and
9 are entitled to the emoluments, including travel expenses in accordance
10 with RCW 43.03.050 and 43.03.060, of regular members of the board. The
11 chairperson of a panel of the board shall be a regular member of the
12 board appointed by the board chairperson. Board panels have authority
13 to act as directed by the board with respect to all matters concerning
14 the review, investigation, and settlement of all complaints,
15 allegations, charges, and matters subject to the jurisdiction of the
16 board. The authority to act through board panels does not restrict the
17 authority of the board to act as a single body at any phase of
18 proceedings within the board's jurisdiction. Board panels may make
19 interim orders and issue final orders with respect to matters and cases
20 delegated to the panel by the board.

21 NEW SECTION. **Sec. 48.** The medical review panel has the following
22 authority:

23 (1) Assist the board with its responsibility of adopting, amending,
24 and rescinding rules deemed necessary to carry out the activities of
25 the medical review panel as set forth in this chapter;

26 (2) In consultation with the board, enter into contracts for
27 professional services determined necessary for administering this
28 chapter;

29 (3) Upon a finding, after a disciplinary hearing, that a license
30 holder or applicant has committed unprofessional conduct or is unable
31 to practice with reasonable skill and safety due to a physical or
32 mental condition, the panel may issue an order pursuant to section 65
33 of this act;

34 (4) Authorize the board to monitor, supervise, and enforce any
35 sanction or order issued by the panel against a licensee;

36 (5) Review all board summary suspensions within ten days for
37 probable cause;

1 (6) Appoint pro tem members to participate as members of the panel
2 in connection with disciplinary proceedings. Individuals so appointed
3 must meet the same minimum qualifications as regular members of the
4 panel. Pro tem members appointed for matters under this chapter are
5 appointed for a term of no more than one year. No pro tem member may
6 serve more than four one-year terms. While serving as panel members
7 pro tem, persons so appointed have all the powers, duties, and
8 immunities and are entitled to the emoluments, including travel
9 expenses in accordance with RCW 43.03.050 and 43.03.060, of regular
10 members of the panel.

11 NEW SECTION. **Sec. 49.** The medical law judge has the following
12 authority:

13 (1) To schedule and preside over all disciplinary hearings as
14 provided for in this chapter;

15 (2) To rule on procedural and other motions, issue subpoenas, and
16 administer oaths in connection with disciplinary hearings;

17 (3) To compel attendance of witnesses at disciplinary hearings;

18 (4) To sign off on all orders, stipulations, subpoena requests,
19 statements of charges, summary suspensions, or other actions taken by
20 the board or the medical review panel;

21 (5) To employ such administrative and clerical staff as necessary
22 for the enforcement of this chapter;

23 (6) To provide legal, administrative, and other assistance as
24 requested by the medical review panel;

25 (7) To establish fees to witnesses in any disciplinary proceeding
26 as authorized by RCW 34.05.446.

27 NEW SECTION. **Sec. 50.** (1)(a) The board shall adopt rules
28 requiring every license holder to report to the board any conviction,
29 determination, or finding that another license holder has committed an
30 act which constitutes unprofessional conduct, or to report information
31 to the board, an impaired practitioner program, voluntary substance
32 abuse monitoring program approved by the board, or physician education
33 and improvement program approved by the board, which indicates that the
34 other license holder may not be able to practice his or her profession
35 with reasonable skill and safety to consumers as a result of a mental
36 or physical condition.

1 (b) The board may adopt rules to require other persons, including
2 corporations, organizations, health care facilities, impaired
3 practitioner programs, voluntary substance abuse monitoring programs
4 approved by the board, or physician education and improvement program
5 approved by the board, and state or local government agencies to
6 report:

7 (i) Any conviction, determination, or finding that a license holder
8 has committed an act which constitutes unprofessional conduct; or

9 (ii) Information to the board, an impaired practitioner program,
10 voluntary substance abuse monitoring program approved by the board, or
11 physician education and improvement program approved by the board,
12 which indicates that the license holder may not be able to practice his
13 or her profession with reasonable skill and safety to consumers as a
14 result of a mental or physical condition.

15 (c) If a report has been made by a hospital to the department of
16 health pursuant to RCW 70.41.210, the department shall forward the
17 report to the board. To facilitate meeting the intent of this section,
18 the cooperation of agencies of the federal government is requested by
19 reporting any conviction, determination, or finding that a federal
20 employee or contractor regulated by the board has committed an act
21 which constituted unprofessional conduct and reporting any information
22 which indicates that a federal employee or contractor regulated by the
23 board may not be able to practice his or her profession with reasonable
24 skill and safety as a result of a mental or physical condition.

25 (d) Reporting under this section is not required by:

26 (i) Any entity with a peer review committee, quality improvement
27 committee, or other similarly designated professional review committee,
28 or by a license holder who is a member of such committee, during the
29 investigative phase of the respective committee's operations if the
30 investigation is completed in a timely manner; or

31 (ii) An impaired practitioner program, voluntary substance abuse
32 monitoring program approved by the board, or physician education and
33 improvement program approved by the board, if (A) the license holder is
34 currently enrolled in the program, (B) the license holder actively
35 participates in the program, and (C) the license holder's impairment
36 does not constitute a clear and present danger to the public health,
37 safety, or welfare.

1 (2) If a person fails to furnish a required report, the board may
2 petition the superior court of the county in which the person resides
3 or is found, and the court shall issue to the person an order to
4 furnish the required report. A failure to obey the order is a contempt
5 of court as provided in chapter 7.21 RCW.

6 (3) A person is immune from civil liability, whether direct or
7 derivative, for providing information to the board pursuant to the
8 rules adopted under subsection (1) of this section.

9 (4)(a) The holder of a license subject to the jurisdiction of this
10 chapter shall report to the board:

11 (i) Any conviction, determination, or finding that he or she has
12 committed unprofessional conduct or is unable to practice with
13 reasonable skill or safety; and

14 (ii) Any disqualification from participation in the federal
15 medicare program, under Title XVIII of the federal social security act,
16 or the federal medicaid program, under Title XIX of the federal social
17 security act.

18 (b) Failure to report within thirty days of notice of the
19 conviction, determination, finding, or disqualification constitutes
20 grounds for disciplinary action.

21 NEW SECTION. **Sec. 51.** (1) If an individual licensed in another
22 state that has licensing standards substantially equivalent to
23 Washington applies for a license, the board shall issue a temporary
24 practice permit authorizing the applicant to practice the profession
25 pending completion of documentation that the applicant meets the
26 requirements for a license and is also not subject to denial of a
27 license or issuance of a conditional license under this chapter. The
28 temporary permit may reflect statutory limitations on the scope of
29 practice. The permit shall be issued only upon the board receiving
30 verification from the states in which the applicant is licensed that
31 the applicant is currently licensed and is not subject to charges or
32 disciplinary action for unprofessional conduct or impairment.
33 Notwithstanding RCW 34.05.422(3), the board shall establish, by rule,
34 the duration of the temporary practice permits.

35 (2) Failure to surrender the temporary practice permit is a
36 misdemeanor under RCW 9A.20.010 and is unprofessional conduct under
37 this chapter.

1 (3) The issuance of temporary permits is subject to the provisions
2 of this chapter, including summary suspensions.

3 NEW SECTION. **Sec. 52.** (1) A person, including but not limited to
4 consumers, licensees, corporations, organizations, health care
5 facilities, impaired practitioner programs, voluntary substance abuse
6 monitoring programs approved by the board, physician education and
7 improvement programs approved by the board, and state and local
8 governmental agencies, may submit a written complaint to the board
9 charging a license holder or applicant with unprofessional conduct and
10 specifying the grounds therefor or to report information to the board,
11 voluntary substance abuse monitoring program, an impaired practitioner
12 program approved by the board, or physician education and improvement
13 program approved by the board, which indicates that the license holder
14 may not be able to practice his or her profession with reasonable skill
15 and safety to consumers as a result of a mental or physical condition.
16 If the board determines that the complaint merits investigation, or if
17 the board has reason to believe, without a formal complaint, that a
18 license holder or applicant may have engaged in unprofessional conduct,
19 the board shall investigate to determine whether there has been
20 unprofessional conduct. In determining whether or not to investigate,
21 the board shall consider any prior complaints received by the board,
22 any prior findings of fact under section 58 of this act, any
23 stipulations to informal disposition under section 68 of this act, and
24 any comparable action taken by other state disciplining authorities.

25 (2) Notwithstanding subsection (1) of this section, the board shall
26 initiate an investigation in every instance where the board receives
27 information that a license holder has been disqualified from
28 participating in the federal medicare program, under Title XVIII of the
29 federal social security act, or the federal medicaid program, under
30 Title XIX of the federal social security act.

31 (3) A person who files a complaint or reports information under
32 this section in good faith is immune from suit in any civil action
33 related to the filing or contents of the complaint.

34 NEW SECTION. **Sec. 53.** If the board communicates in writing to a
35 complainant, or his or her representative, regarding his or her
36 complaint, such communication shall not include the address or

1 telephone number of the license holder against whom he or she has
2 complained. The board shall inform all applicants for a license of the
3 provisions of this section and chapter 42.56 RCW regarding the release
4 of address and telephone information.

5 NEW SECTION. **Sec. 54.** (1) If the board determines, upon
6 investigation, that there is reason to believe a violation of section
7 70 of this act has occurred, a statement of charge or charges shall be
8 prepared and served upon the license holder or applicant at the
9 earliest practical time. The statement of charge or charges shall be
10 accompanied by a notice that the license holder or applicant may
11 request a hearing before a medical review panel to contest the charge
12 or charges. The license holder or applicant must file a request for
13 hearing with the presiding medical law judge within twenty days after
14 being served the statement of charges. If the twenty-day limit results
15 in a hardship upon the license holder or applicant, he or she may
16 request for good cause an extension not to exceed sixty additional
17 days. If the medical law judge finds that there is good cause, the
18 judge shall grant the extension. The failure to request a hearing
19 constitutes a default, whereupon the board may enter a decision on the
20 basis of the facts available to it.

21 (2) If a hearing is requested, the time of the hearing shall be
22 fixed by the medical law judge as soon as convenient, but the hearing
23 shall not be held earlier than thirty days after service of the charges
24 upon the license holder or applicant.

25 NEW SECTION. **Sec. 55.** (1)(a) The board shall develop uniform
26 procedural rules to respond to public inquiries concerning complaints
27 and their disposition, active investigations, statements of charges,
28 findings of fact, and final orders involving a licensee, applicant, or
29 unlicensed person. Rules adopted by the board related to hearings
30 before the medical review panel shall be developed by the board in
31 consultation with the medical review panel. The procedural rules
32 adopted under this subsection apply to all adjudicative proceedings
33 conducted under this chapter and shall include provisions for
34 establishing time periods for initial assessment, investigation,
35 charging, discovery, settlement, and adjudication of complaints, and
36 shall include enforcement provisions for violations of the specific

1 time periods by the board, the medical review panel, and the
2 respondent. A licensee must be notified upon receipt of a complaint,
3 except when the notification would impede an effective investigation.
4 At the earliest point of time the licensee must be allowed to submit a
5 written statement about that complaint, which statement must be
6 included in the file. Complaints are exempt from public disclosure
7 under chapter 42.56 RCW until the complaint has been initially assessed
8 and determined to warrant an investigation by the board. Complaints
9 determined not to warrant an investigation by the board are no longer
10 considered complaints, but must remain in the records and tracking
11 system of the board. Information about complaints that did not warrant
12 an investigation, including the existence of the complaint, may be
13 released only upon receipt of a written public disclosure request or
14 pursuant to an interagency agreement as provided in (b) of this
15 subsection. Complaints determined to warrant no cause for action after
16 investigation are subject to public disclosure, must include an
17 explanation of the determination to close the complaint, and must
18 remain in the records and tracking system of the board.

19 (b) The board shall enter into interagency agreements for the
20 exchange of records, which may include complaints filed but not yet
21 assessed, with other state agencies if access to the records will
22 assist those agencies in meeting their federal or state statutory
23 responsibilities. Records obtained by state agencies under the
24 interagency agreements are subject to the limitations on disclosure
25 contained in (a) of this subsection.

26 (2) The procedures for conducting investigations shall provide that
27 prior to taking a written statement:

28 (a) For violation of this chapter, the investigator shall inform
29 such person, in writing of: (i) The nature of the complaint; (ii) that
30 the person may consult with legal counsel at his or her expense prior
31 to making a statement; and (iii) that any statement that the person
32 makes may be used in an adjudicative proceeding conducted under this
33 chapter; and

34 (b) From a witness or potential witness in an investigation under
35 this chapter, the investigator shall inform the person, in writing,
36 that the statement may be released to the licensee, applicant, or
37 unlicensed person under investigation if a statement of charges is
38 issued.

1 NEW SECTION. **Sec. 56.** (1) The settlement process must be uniform
2 for all licensees governed under this chapter. The board may also use
3 alternative dispute resolution to resolve complaints during
4 adjudicative proceedings.

5 (2) Disclosure of the identity of reviewing board members who
6 participate in the settlement process is available to the respondent or
7 his or her representative upon request.

8 (3) The settlement conference will occur only if a settlement is
9 not achieved through written documents. The respondent will have the
10 opportunity to conference either by phone or in person with the
11 reviewing board member if the respondent chooses. The respondent may
12 also have his or her attorney conference either by phone or in person
13 with the reviewing board member without the respondent being present
14 personally.

15 (4) If the respondent wants to meet in person with the reviewing
16 board member, he or she will travel to the reviewing board member and
17 have such a conference with another board representative in attendance
18 either by phone or in person.

19 NEW SECTION. **Sec. 57.** Except as otherwise set forth in this
20 chapter, the procedures governing adjudicative proceedings before
21 agencies under chapter 34.05 RCW, the administrative procedure act,
22 govern all hearings before the medical review panel. The medical
23 review panel and medical law judge have, in addition to the powers and
24 duties set forth in this chapter, all of the powers and duties under
25 chapter 34.05 RCW, which include, without limitation, all powers
26 relating to the administration of oaths, the receipt of evidence, the
27 issuance and enforcing of subpoenas, and the taking of depositions.

28 NEW SECTION. **Sec. 58.** (1) In the event of a finding of
29 unprofessional conduct by the board or after a hearing by the medical
30 review panel, the board or the medical review panel, as the case may
31 be, shall prepare and serve findings of fact and an order as provided
32 in chapter 34.05 RCW, the administrative procedure act. If the license
33 holder or applicant is found to have not committed unprofessional
34 conduct by the board or after a hearing by the medical review panel,
35 the board or the medical review panel, as the case may be, shall
36 forthwith prepare and serve findings of fact and an order of dismissal

1 of the charges, including public exoneration of the licensee or
2 applicant. The findings of fact and order shall be retained by the
3 board or the medical review panel, as the case may be, as a permanent
4 record.

5 (2) The board shall report the issuance of statements of charges
6 and final orders, including final orders issued by the medical review
7 panel, to:

8 (a) The person or agency who brought to the board's attention
9 information which resulted in the initiation of the case;

10 (b) Appropriate organizations, public or private, which serve the
11 professions;

12 (c) The public. Notification of the public shall include press
13 releases to appropriate local news media and the major news wire
14 services; and

15 (d) Counterpart licensing boards in other states, or associations
16 of state licensing boards.

17 (3) This section shall not be construed to require the reporting of
18 any information which is exempt from public disclosure under chapter
19 42.56 RCW.

20 NEW SECTION. **Sec. 59.** The board shall not issue any license to
21 any person whose license has been denied, revoked, or suspended by the
22 board or medical review panel except in conformity with the terms and
23 conditions of the certificate or order of denial, revocation, or
24 suspension, or in conformity with any order of reinstatement issued by
25 the board or medical review panel, or in accordance with the final
26 judgment in any proceeding for review instituted under this chapter.

27 NEW SECTION. **Sec. 60.** The board shall suspend the license of any
28 person who has been certified by a lending agency and reported to the
29 board for nonpayment or default on a federally or state-guaranteed
30 educational loan or service-conditional scholarship. Prior to the
31 suspension, the board must provide the person an opportunity for a
32 brief adjudicative proceeding under RCW 34.05.485 through 34.05.494 and
33 issue a finding of nonpayment or default on a federally or state-
34 guaranteed educational loan or service-conditional scholarship. The
35 person's license shall not be reissued until the person provides the
36 board with a written release issued by the lending agency stating that

1 the person is making payments on the loan in accordance with a
2 repayment agreement approved by the lending agency. If the person has
3 continued to meet all other requirements for licensure during the
4 suspension, reinstatement shall be automatic upon receipt of the notice
5 and payment of any reinstatement fee the board may impose.

6 NEW SECTION. **Sec. 61.** The board shall immediately suspend the
7 license of any person subject to this chapter who has been certified by
8 the department of social and health services as a person who is not in
9 compliance with a support order as provided in RCW 74.20A.320.

10 NEW SECTION. **Sec. 62.** An order pursuant to proceedings authorized
11 by this chapter, after due notice and findings in accordance with this
12 chapter and chapter 34.05 RCW, or an order of summary suspension
13 entered under this chapter, shall take effect immediately upon its
14 being served. The order, if appealed to the court, shall not be stayed
15 pending the appeal unless the board or medical review panel that issued
16 the order or court to which the appeal is taken enters an order staying
17 the order of the board or medical review panel, which stay shall
18 provide for terms necessary to protect the public.

19 NEW SECTION. **Sec. 63.** An individual who has been disciplined or
20 whose license has been denied by the board or medical review panel may
21 appeal the decision as provided in chapter 34.05 RCW.

22 NEW SECTION. **Sec. 64.** A person whose license has been suspended
23 or revoked under this chapter may petition the board for reinstatement
24 after an interval as determined by the board or medical review panel in
25 its order. The board shall hold hearings on the petition and may deny
26 the petition or may order reinstatement and impose terms and conditions
27 as provided in section 65 of this act and issue an order of
28 reinstatement. The board may require successful completion of an
29 examination as a condition of reinstatement.

30 A person whose license has been suspended for noncompliance with a
31 support order under RCW 74.20A.320 may petition for reinstatement at
32 any time by providing the board a release issued by the department of
33 social and health services stating that the person is in compliance
34 with the order. If the person has continued to meet all other

1 requirements for reinstatement during the suspension, the board shall
2 automatically reissue the person's license upon receipt of the release,
3 and payment of a reinstatement fee, if any.

4 NEW SECTION. **Sec. 65.** Upon a finding, after hearing before the
5 medical review panel, that a license holder or applicant has committed
6 unprofessional conduct or is unable to practice with reasonable skill
7 and safety due to a physical or mental condition, the medical review
8 panel may consider the imposition of sanctions, taking into account any
9 prior findings of fact under section 58 of this act, any stipulations
10 to informal disposition under section 68 of this act, and any action
11 taken by other in-state or out-of-state disciplining authorities, and
12 issue an order providing for one or any combination of the following:

- 13 (1) Revocation of the license;
- 14 (2) Suspension of the license for a fixed or indefinite term;
- 15 (3) Restriction or limitation of the practice;
- 16 (4) Requiring the satisfactory completion of a specific program of
17 remedial education or treatment;
- 18 (5) The monitoring of the practice by a supervisor approved by the
19 medical review panel;
- 20 (6) Censure or reprimand;
- 21 (7) Compliance with conditions of probation for a designated period
22 of time;
- 23 (8) Payment of a fine for each violation of this chapter, not to
24 exceed five thousand dollars per violation. Funds received shall be
25 placed in the medical professions account;
- 26 (9) Denial of the license request;
- 27 (10) Corrective action;
- 28 (11) Refund of fees billed to and collected from the consumer;
- 29 (12) A surrender of the practitioner's license in lieu of other
30 sanctions, which must be reported to the federal data bank.

31 Any of the actions under this section may be totally or partly
32 stayed by the medical review panel. Safeguarding the public's health
33 and safety is the paramount responsibility of the medical review panel
34 and in determining what action is appropriate, the medical review panel
35 must first consider what sanctions are necessary to protect or
36 compensate the public. Only after such provisions have been made may
37 the medical review panel consider and include in the order requirements

1 designed to rehabilitate the license holder or applicant. All costs
2 associated with compliance with orders issued under this section are
3 the obligation of the license holder or applicant.

4 The licensee or applicant may enter into a stipulated disposition
5 of charges with the board that includes one or more of the sanctions of
6 this section, but only after a statement of charges has been issued and
7 the licensee has been afforded the opportunity for a hearing before the
8 medical review panel and has elected on the record to forego such a
9 hearing. The stipulation shall either contain one or more specific
10 findings of unprofessional conduct or inability to practice, or a
11 statement by the licensee acknowledging that evidence is sufficient to
12 justify one or more specified findings of unprofessional conduct or
13 inability to practice. The stipulation entered into pursuant to this
14 subsection shall be considered formal disciplinary action for all
15 purposes.

16 NEW SECTION. **Sec. 66.** Where an order for payment of a fine is
17 made as a result of a hearing under section 57 or 72 of this act and
18 timely payment is not made as directed in the final order, the board
19 may enforce the order for payment in the superior court in the county
20 in which the hearing was held. This right of enforcement shall be in
21 addition to any other rights the board may have as to any licensee
22 ordered to pay a fine but shall not be construed to limit a licensee's
23 ability to seek judicial review under section 63 of this act.

24 In any action for enforcement of an order of payment of a fine, the
25 board or medical panel's order, as the case may be, is conclusive proof
26 of the validity of the order of payment of a fine and the terms of
27 payment.

28 NEW SECTION. **Sec. 67.** (1) If the board believes a license holder
29 or applicant may be unable to practice with reasonable skill and safety
30 to consumers by reason of any mental or physical condition, a statement
31 of charges in the name of the board shall be served on the license
32 holder or applicant and notice shall also be issued providing an
33 opportunity for a hearing before the medical review panel. The hearing
34 shall be limited to the sole issue of the capacity of the license
35 holder or applicant to practice with reasonable skill and safety. If
36 the medical review panel determines that the license holder or

1 applicant is unable to practice with reasonable skill and safety for
2 one of the reasons stated in this subsection, the medical review panel
3 shall impose such sanctions under section 65 of this act as is deemed
4 necessary to protect the public. If the license holder chooses not to
5 have the case heard before the medical review panel, the board must
6 assume the allegations raised in the statement of charges are correct
7 and shall impose sanctions under section 65 of this act as is deemed
8 necessary to protect the public.

9 (2)(a) In investigating a complaint or report that a license holder
10 or applicant may be unable to practice with reasonable skill or safety
11 by reason of any mental or physical condition, the board may require a
12 license holder or applicant to submit to a mental or physical
13 examination by one or more licensed or certified health professionals
14 designated by the board. The license holder or applicant shall be
15 provided written notice of the board's intent to order a mental or
16 physical examination, which notice shall include: (i) A statement of
17 the specific conduct, event, or circumstances justifying an
18 examination; (ii) a summary of the evidence supporting the board's
19 concern that the license holder or applicant may be unable to practice
20 with reasonable skill and safety by reason of a mental or physical
21 condition, and the grounds for believing such evidence to be credible
22 and reliable; (iii) a statement of the nature, purpose, scope, and
23 content of the intended examination; (iv) a statement that the license
24 holder or applicant has the right to respond in writing within twenty
25 days to challenge the board's grounds for ordering an examination or to
26 challenge the manner or form of the examination; and (v) a statement
27 that if the license holder or applicant timely responds to the notice
28 of intent, then the license holder or applicant will not be required to
29 submit to the examination while the response is under consideration.

30 (b) Upon submission of a timely response to the notice of intent to
31 order a mental or physical examination, the license holder or applicant
32 shall have an opportunity to respond to or refute such an order by
33 submission of evidence or written argument or both. The evidence and
34 written argument supporting and opposing the mental or physical
35 examination shall be reviewed by the medical review panel. The medical
36 review panel may, in its discretion, ask for oral argument from the
37 parties. The medical review panel shall prepare a written decision as
38 to whether there is reasonable cause to believe that the license holder

1 or applicant may be unable to practice with reasonable skill and safety
2 by reason of a mental or physical condition, or the manner or form of
3 the mental or physical examination that is appropriate, or both.

4 (c) Upon receipt by the board of the written decision, or upon the
5 failure of the license holder or applicant to timely respond to the
6 notice of intent, the board may issue an order requiring the license
7 holder or applicant to undergo a mental or physical examination. All
8 such mental or physical examinations shall be narrowly tailored to
9 address only the alleged mental or physical condition and the ability
10 of the license holder or applicant to practice with reasonable skill
11 and safety. An order of the board requiring the license holder or
12 applicant to undergo a mental or physical examination is not a final
13 order for purposes of appeal. The cost of the examinations ordered by
14 the board shall be paid out of the medical professions account. In
15 addition to any examinations ordered by the board, the licensee may
16 submit physical or mental examination reports from licensed or
17 certified health professionals of the license holder's or applicant's
18 choosing and expense.

19 (d) If the board finds that a license holder or applicant has
20 failed to submit to a properly ordered mental or physical examination,
21 then the board may order appropriate action or discipline under section
22 70(9) of this act, unless the failure was due to circumstances beyond
23 the person's control. However, no such action or discipline may be
24 imposed unless the license holder or applicant has had the notice and
25 opportunity to challenge the board's grounds for ordering the
26 examination, to challenge the manner and form, to assert any other
27 defenses, and to have such challenges or defenses considered by the
28 medical review panel. Further, the action or discipline ordered by the
29 board shall not be more severe than a suspension of the license,
30 certification, registration, or application until such time as the
31 license holder or applicant complies with the properly ordered mental
32 or physical examination.

33 (e) Nothing in this section restricts the power of the board to act
34 in an emergency under RCW 34.05.422(4), 34.05.479, and section 47(6) of
35 this act.

36 (f) A determination by a court of competent jurisdiction that a
37 license holder or applicant is mentally incompetent or mentally ill is
38 presumptive evidence of the license holder's or applicant's inability

1 to practice with reasonable skill and safety. An individual affected
2 under this section shall at reasonable intervals be afforded an
3 opportunity, at his or her expense, to demonstrate that the individual
4 can resume competent practice with reasonable skill and safety to the
5 consumer.

6 (3) For the purpose of subsection (2) of this section, an applicant
7 or license holder governed by this chapter, by making application,
8 practicing, or filing a license renewal, is deemed to have given
9 consent to submit to a mental, physical, or psychological examination
10 when directed in writing by the board and further to have waived all
11 objections to the admissibility or use of the examining health
12 professional's testimony or examination reports by the board on the
13 ground that the testimony or reports constitute privileged
14 communications.

15 NEW SECTION. **Sec. 68.** (1) Prior to serving a statement of charges
16 under section 54 or 67 of this act, the board may furnish a statement
17 of allegations to the licensee or applicant along with a detailed
18 summary of the evidence relied upon to establish the allegations and a
19 proposed stipulation for informal resolution of the allegations. These
20 documents shall be exempt from public disclosure until such time as the
21 allegations are resolved either by stipulation or otherwise.

22 (2) The board and the applicant or licensee may stipulate that the
23 allegations may be disposed of informally in accordance with this
24 subsection. The stipulation shall contain a statement of the facts
25 leading to the filing of the complaint; the act or acts of
26 unprofessional conduct alleged to have been committed or the alleged
27 basis for determining that the applicant or licensee is unable to
28 practice with reasonable skill and safety; a statement that the
29 stipulation is not to be construed as a finding of either
30 unprofessional conduct or inability to practice; an acknowledgement
31 that a finding of unprofessional conduct or inability to practice, if
32 proven, constitutes grounds for discipline under this chapter; and an
33 agreement on the part of the licensee or applicant that the sanctions
34 set forth in section 65 of this act, except section 65 (1), (2), (6),
35 and (8) of this act, may be imposed as part of the stipulation, except
36 that no fine may be imposed but the licensee or applicant may agree to
37 reimburse the board the costs of investigation and processing the

1 complaint up to an amount not exceeding one thousand dollars per
2 allegation; and an agreement on the part of the board to forego further
3 disciplinary proceedings concerning the allegations. A stipulation
4 entered into pursuant to this subsection shall not be considered formal
5 disciplinary action.

6 (3) If the licensee or applicant declines to agree to disposition
7 of the charges by means of a stipulation pursuant to subsection (2) of
8 this section, the board may proceed to formal disciplinary action
9 pursuant to section 54 or 67 of this act.

10 (4) Upon execution of a stipulation under subsection (2) of this
11 section by both the licensee or applicant and the board, the complaint
12 is deemed disposed of and shall become subject to public disclosure on
13 the same basis and to the same extent as other records of the board.
14 Should the licensee or applicant fail to pay any agreed reimbursement
15 within thirty days of the date specified in the stipulation for
16 payment, the board may seek collection of the amount agreed to be paid
17 in the same manner as enforcement of a fine under section 66 of this
18 act.

19 NEW SECTION. **Sec. 69.** (1) In lieu of disciplinary action under
20 section 65 of this act and if the board determines that the
21 unprofessional conduct may be the result of substance abuse, the board
22 may refer the license holder to a voluntary substance abuse monitoring
23 program approved by the board.

24 The cost of the treatment is the responsibility of the license
25 holder, but the responsibility does not preclude payment by an
26 employer, existing insurance coverage, or other sources. Primary
27 alcoholism or other drug addiction treatment shall be provided by
28 approved treatment programs under RCW 70.96A.020 or by any other
29 provider approved by the board. However, nothing shall prohibit the
30 board from approving additional services and programs as an adjunct to
31 primary alcoholism or other drug addiction treatment. The board may
32 also approve the use of out-of-state programs. Referral of the license
33 holder to the program shall be done only with the consent of the
34 license holder. Referral to the program may also include probationary
35 conditions for a designated period of time. If the license holder does
36 not consent to be referred to the program or does not successfully
37 complete the program, the board may take appropriate action under

1 section 65 of this act which includes suspension of the license unless
2 or until the board, in consultation with the director of the voluntary
3 substance abuse monitoring program, determines the license holder is
4 able to practice safely. The board shall adopt rules for the
5 evaluation of a relapse or program violation on the part of a license
6 holder in the substance abuse monitoring program. The evaluation shall
7 encourage program participation with additional conditions, in lieu of
8 disciplinary action, when the board determines that the license holder
9 is able to continue to practice with reasonable skill and safety.

10 (2) In addition to approving substance abuse monitoring programs
11 that may receive referrals from the board, the board may establish by
12 rule requirements for participation of license holders who are not
13 being investigated or monitored by the board for substance abuse.
14 License holders voluntarily participating in the approved programs
15 without being referred by the board shall not be subject to
16 disciplinary action under section 65 of this act for their substance
17 abuse, and shall not have their participation made known to the board,
18 if they meet the requirements of this section and the program in which
19 they are participating.

20 (3) The license holder shall sign a waiver allowing the program to
21 release information to the board if the licensee does not comply with
22 the requirements of this section or is unable to practice with
23 reasonable skill or safety. The substance abuse program shall report
24 to the board any license holder who fails to comply with the
25 requirements of this section or the program or who, in the opinion of
26 the program, is unable to practice with reasonable skill or safety.
27 License holders shall report to the board if they fail to comply with
28 this section or do not complete the program's requirements. License
29 holders may, upon the agreement of the program and board, reenter the
30 program if they have previously failed to comply with this section.

31 (4) The treatment and pretreatment records of license holders
32 referred to or voluntarily participating in approved programs are
33 confidential, exempt from chapter 42.56 RCW, and not subject to
34 discovery by subpoena or admissible as evidence except for monitoring
35 records reported to the board for cause as defined in subsection (3) of
36 this section. Monitoring records relating to license holders referred
37 to the program by the board or relating to license holders reported to
38 the board by the program for cause shall be released to the board at

1 the request of the board. Records held by the board under this section
2 are exempt from chapter 42.56 RCW and are not subject to discovery by
3 subpoena except by the license holder.

4 (5) "Substance abuse," as used in this section, means the
5 impairment, as determined by the board, of a license holder's
6 professional services by an addiction to, a dependency on, or the use
7 of alcohol, legend drugs, or controlled substances.

8 (6) This section does not affect an employer's right or ability to
9 make employment-related decisions regarding a license holder. This
10 section does not restrict the authority of the board to take
11 disciplinary action for any other unprofessional conduct.

12 (7) A person who, in good faith, reports information or takes
13 action in connection with this section is immune from civil liability
14 for reporting information or taking the action.

15 (a) The immunity from civil liability provided by this section
16 shall be liberally construed to accomplish the purposes of this section
17 and the persons entitled to immunity include:

- 18 (i) An approved monitoring treatment program;
- 19 (ii) The professional association operating the program;
- 20 (iii) Members, employees, or agents of the program or association;
- 21 (iv) Persons reporting a license holder as being possibly impaired
22 or providing information about the license holder's impairment; and
- 23 (v) Professionals supervising or monitoring the course of the
24 impaired license holder's treatment or rehabilitation.

25 (b) The courts are strongly encouraged to impose sanctions on
26 clients and their attorneys whose allegations under this subsection are
27 not made in good faith and are without either reasonable objective or
28 substantive grounds, or both.

29 (c) The immunity provided in this section is in addition to any
30 other immunity provided by law.

31 NEW SECTION. **Sec. 70.** The following conduct, acts, or conditions
32 constitute unprofessional conduct for any license holder or applicant
33 under the jurisdiction of this chapter:

34 (1) The commission of any act involving moral turpitude,
35 dishonesty, or corruption relating to the practice of medicine, whether
36 the act constitutes a crime or not. If the act constitutes a crime,
37 conviction in a criminal proceeding is not a condition precedent to

1 disciplinary action. Upon such a conviction, however, the judgment and
2 sentence is conclusive evidence at the ensuing disciplinary hearing of
3 the guilt of the license holder or applicant of the crime described in
4 the indictment or information, and of the person's violation of the
5 statute on which it is based. For the purposes of this section,
6 conviction includes all instances in which a plea of guilty or nolo
7 contendere is the basis for the conviction and all proceedings in which
8 the sentence has been deferred or suspended. Nothing in this section
9 abrogates rights guaranteed under chapter 9.96A RCW;

10 (2) Misrepresentation or concealment of a material fact in
11 obtaining a license or in reinstatement thereof;

12 (3) All advertising which is false, fraudulent, or misleading;

13 (4) Incompetence, negligence, or malpractice which results in
14 injury to a patient or which creates an unreasonable risk that a
15 patient may be harmed. The use of a nontraditional treatment by itself
16 does not constitute unprofessional conduct, provided that it does not
17 result in injury to a patient or create an unreasonable risk that a
18 patient may be harmed;

19 (5) Suspension, revocation, or restriction of the individual's
20 license to practice medicine by a competent authority in any state,
21 federal, or foreign jurisdiction, a certified copy of the order,
22 stipulation, or agreement being conclusive evidence of the revocation,
23 suspension, or restriction;

24 (6) The possession, use, prescription for use, or distribution of
25 controlled substances or legend drugs in any way other than for
26 legitimate or therapeutic purposes, diversion of controlled substances
27 or legend drugs, the violation of any drug law, or prescribing
28 controlled substances for oneself;

29 (7) Violation of any state or federal statute or administrative
30 rule regulating the practice of medicine, including any statute or rule
31 defining or establishing standards of patient care or professional
32 conduct or practice;

33 (8) Failure to cooperate with the board or the medical review panel
34 by:

35 (a) Not furnishing any papers or documents;

36 (b) Not furnishing in writing a full and complete explanation
37 covering the matter contained in the complaint filed with the board;

- 1 (c) Not responding to subpoenas issued by the board or the medical
2 review panel, whether or not the recipient of the subpoena is the
3 accused in the proceeding; or
- 4 (d) Not providing reasonable and timely access for authorized
5 representatives of the board seeking to perform practice reviews at
6 facilities utilized by the license holder;
- 7 (9) Failure to comply with an order issued by the board or the
8 medical review panel or a stipulation for informal disposition entered
9 into with the board;
- 10 (10) Aiding or abetting an unlicensed person to practice when a
11 license is required;
- 12 (11) Violations of rules established by any health agency;
- 13 (12) Practice beyond the scope of practice as defined by law or
14 rule;
- 15 (13) Misrepresentation or fraud in any aspect of the conduct of the
16 business or profession;
- 17 (14) Failure to adequately supervise auxiliary staff to the extent
18 that the consumer's health or safety is at risk;
- 19 (15) Engaging in the practice of medicine involving contact with
20 the public while suffering from a contagious or infectious disease
21 involving serious risk to public health;
- 22 (16) Promotion for personal gain of any unnecessary or
23 inefficacious drug, device, treatment, procedure, or service;
- 24 (17) Conviction of (a) a felony, or (b) any gross misdemeanor
25 relating to the practice of the person's profession. For the purposes
26 of this subsection, conviction includes all instances in which a plea
27 of guilty or nolo contendere is the basis for conviction and all
28 proceedings in which the sentence has been deferred or suspended.
29 Nothing in this section abrogates rights guaranteed under chapter 9.96A
30 RCW;
- 31 (18) The procuring, or aiding or abetting in procuring, a criminal
32 abortion;
- 33 (19) The offering, undertaking, or agreeing to cure or treat
34 disease by a secret method, procedure, treatment, or medicine, or the
35 treating, operating, or prescribing for any health condition by a
36 method, means, or procedure which the licensee refuses to divulge upon
37 demand of the board;

1 (20) The willful betrayal of a practitioner-patient privilege as
2 recognized by law;

3 (21) Violation of chapter 19.68 RCW;

4 (22) Interference with an investigation or disciplinary proceeding
5 by willful misrepresentation of facts before the board or its
6 authorized representative, or by the use of threats or harassment
7 against any patient or witness to prevent him or her from providing
8 evidence in a disciplinary proceeding or any other legal action, or by
9 the use of financial inducements to any patient or witness to prevent
10 or attempt to prevent him or her from providing evidence in a
11 disciplinary proceeding;

12 (23) Current misuse of:

13 (a) Alcohol;

14 (b) Controlled substances; or

15 (c) Legend drugs;

16 (24) Abuse of a client or patient or sexual contact with a client
17 or patient;

18 (25) Acceptance of more than a nominal gratuity, hospitality, or
19 subsidy offered by a representative or vendor of medical or health-
20 related products or services intended for patients, in contemplation of
21 a sale or for use in research publishable in professional journals,
22 where a conflict of interest is presented, as defined by rules of the
23 board, based on recognized professional ethical standards;

24 (26) When requested by the board, upon application, renewal, or
25 otherwise, the failure of a licensee or applicant to report to the
26 board final actions taken against him or her by another licensing
27 jurisdiction, peer review body, health care institution, professional
28 or medical society or association, governmental agency, law enforcement
29 agency, or court for acts or conduct similar to acts or conduct that
30 would constitute unprofessional conduct under this section.

31 NEW SECTION. **Sec. 71.** If a person or business regulated by this
32 chapter violates section 67 or 70 of this act, the attorney general,
33 any prosecuting attorney, the board, or any other person may maintain
34 an action in the name of the state of Washington to enjoin the person
35 from committing the violations. The injunction shall not relieve the
36 offender from criminal prosecution, but the remedy by injunction shall

1 be in addition to the liability of the offender to criminal prosecution
2 and disciplinary action.

3 NEW SECTION. **Sec. 72.** (1) The board shall investigate complaints
4 concerning the practice of medicine by unlicensed persons.

5 (2) The board may issue a notice of intention to issue a cease and
6 desist order to any person whom the board has reason to believe is
7 engaged in the unlicensed practice of medicine. The person to whom
8 such notice is issued may request an adjudicative proceeding before the
9 medical review panel to contest the charges. The request for hearing
10 must be filed within twenty days after service of the notice of
11 intention to issue a cease and desist order. The failure to request a
12 hearing constitutes a default, whereupon the board may enter a
13 permanent cease and desist order, which may include a civil fine. All
14 proceedings shall be conducted in accordance with chapter 34.05 RCW.

15 (3) If the medical review panel makes a final determination that a
16 person has engaged or is engaging in unlicensed practice of medicine,
17 the medical review panel may issue a cease and desist order. In
18 addition, the medical review panel may impose a civil fine in an amount
19 not exceeding one thousand dollars for each day upon which the person
20 engaged in unlicensed practice of medicine. The proceeds of such fines
21 shall be deposited into the medical professions account.

22 (4) If the board makes a written finding of fact that the public
23 interest will be irreparably harmed by delay in issuing an order, the
24 board may issue a temporary cease and desist order. The person
25 receiving a temporary cease and desist order shall be provided an
26 opportunity for a prompt hearing before a medical review panel. The
27 temporary cease and desist order shall remain in effect until further
28 order of the medical review panel. The failure to request a prompt or
29 regularly scheduled hearing constitutes a default, whereupon the board
30 may enter a permanent cease and desist order, which may include a civil
31 fine.

32 (5) Neither the issuance of a cease and desist order nor payment of
33 a civil fine relieves the person so practicing without a license from
34 criminal prosecution, but the remedy of a cease and desist order or
35 civil fine is in addition to any criminal liability. The cease and
36 desist order is conclusive proof of unlicensed practice and may be
37 enforced under RCW 7.21.060. This method of enforcement of the cease

1 and desist order or civil fine may be used in addition to, or as an
2 alternative to, any provisions for enforcement of agency orders set out
3 in chapter 34.05 RCW.

4 (6) The attorney general, a county prosecuting attorney, the board,
5 or any person may in accordance with the laws of this state governing
6 injunctions, maintain an action in the name of this state to enjoin any
7 person practicing medicine without a license from engaging in such
8 practice until the required license is secured. However, the
9 injunction does not relieve the person so practicing without a license
10 from criminal prosecution therefor, but the remedy by injunction is in
11 addition to any criminal liability.

12 (7)(a) Unlicensed practice of medicine, unless otherwise exempted
13 by law, constitutes a gross misdemeanor for a single violation.

14 (b) Each subsequent violation, whether alleged in the same or in
15 subsequent prosecutions, is a class C felony punishable according to
16 chapter 9A.20 RCW.

17 (8) All fees, fines, forfeitures, and penalties collected or
18 assessed by a court because of a violation of this section shall be
19 remitted to the medical professions account.

20 NEW SECTION. **Sec. 73.** A person or business that violates an
21 injunction issued under this chapter shall pay a civil penalty, as
22 determined by the court, of not more than twenty-five thousand dollars,
23 which shall be placed in the medical professions account. For the
24 purpose of this section, the superior court issuing any injunction
25 shall retain jurisdiction and the cause shall be continued, and in such
26 cases the attorney general acting in the name of the state may petition
27 for the recovery of civil penalties.

28 NEW SECTION. **Sec. 74.** A person who attempts to obtain, obtains,
29 or attempts to maintain a license by willful misrepresentation or
30 fraudulent representation is guilty of a gross misdemeanor.

31 NEW SECTION. **Sec. 75.** If the board determines or has cause to
32 believe that a license holder has committed a crime, the board,
33 immediately subsequent to issuing findings of fact and a final order,
34 shall notify the attorney general or the county prosecuting attorney in
35 the county in which the act took place of the facts known to the board.

1 NEW SECTION. **Sec. 76.** The board may adopt rules pursuant to this
2 section authorizing a retired active license status. Such a licensee
3 shall meet the continuing education or continued competency
4 requirements, if any, established by the board for renewals and is
5 subject to the provisions of this chapter. Individuals who have
6 entered into retired status agreements with the board in any
7 jurisdiction do not qualify for a retired active license under this
8 section.

9 NEW SECTION. **Sec. 77.** (1) The board, medical review panel,
10 medical law judge, or individuals acting on their behalf are immune
11 from suit in any action, civil or criminal, based on any disciplinary
12 proceedings or other official acts performed in the course of their
13 duties.

14 (2) A voluntary substance abuse monitoring program, an impaired
15 practitioner program, or a physician education and improvement program,
16 approved by the board, or individuals acting on their behalf, are
17 immune from suit in a civil action based on any disciplinary
18 proceedings or other official acts performed in the course of their
19 duties.

20 NEW SECTION. **Sec. 78.** Subject to RCW 40.07.040, the board shall
21 submit a biennial report to the legislature on its proceedings during
22 the biennium, detailing the number of complaints made, investigated,
23 and adjudicated and manner of disposition. The report may include
24 recommendations for improving the disciplinary process, including
25 proposed legislation. The board shall develop a uniform report format.

26 NEW SECTION. **Sec. 79.** The department of health shall coordinate
27 and assist the board with prescriptive authority in the development of
28 uniform guidelines for addressing opiate therapy for acute pain,
29 chronic pain associated with cancer and other terminal diseases, and
30 other chronic or intractable pain conditions. The purpose of the
31 guidelines is to assure the provision of effective medical treatment in
32 accordance with recognized national standards and consistent with
33 requirements of the public health and safety.

1 NEW SECTION. **Sec. 80.** This chapter does not affect the use of
2 records, obtained from the board, in any existing investigation or
3 action by any state agency. Nor does this chapter limit any existing
4 exchange of information between the board and other state agencies.

5 NEW SECTION. **Sec. 81.** (1) As used in this section, "emergency or
6 disaster" has the same meaning as in RCW 38.52.010.

7 (2) The board shall issue a retired volunteer medical worker
8 license to any applicant who:

9 (a) Has held an active license issued by the board no more than ten
10 years prior to applying for an initial license under this section;

11 (b) Does not have any current restrictions on the ability to obtain
12 a license for violations of this chapter; and

13 (c) Submits proof of registration as a volunteer with a local
14 organization for emergency services or management as defined by chapter
15 38.52 RCW.

16 (3) License holders under this section must be supervised and may
17 practice only those duties that correspond to the scope of their
18 emergency worker assignment not to exceed their scope of practice prior
19 to retirement.

20 (4) The board shall adopt rules and policies to implement this
21 section.

22 (5) The board shall establish standards for the renewal of licenses
23 issued under this section, including continuing competency
24 requirements.

25 (6) License holders under this section are subject to the
26 provisions of this chapter as they may apply to the issuance and denial
27 of credentials, unauthorized practice, and discipline for acts of
28 unprofessional conduct.

29 (7) Nothing in this section precludes a physician or physician
30 assistant who holds an active license from providing medical services
31 during an emergency or disaster.

32 NEW SECTION. **Sec. 82.** Any individual who applies for a license or
33 temporary practice permit or holds a license or temporary practice
34 permit and is prohibited from practicing medicine in another state
35 because of an act of unprofessional conduct that is substantially

1 equivalent to an act of unprofessional conduct prohibited by this
2 chapter is prohibited from practicing medicine in this state until
3 proceedings of the board have been completed under this chapter.

4 NEW SECTION. **Sec. 83.** The board shall specify in an annual report
5 to the governor and legislature the number of full-time employees
6 designated as investigators and attorneys and the costs associated with
7 supporting their activities. The board shall also specify the
8 additional full-time employees designated as investigators and
9 attorneys that are required to achieve a staffing level that is able to
10 respond promptly, competently, and appropriately to the workload
11 associated with medical disciplinary activities and the costs
12 associated with supporting disciplinary activities. In identifying the
13 need for additional staff, the board shall develop a formula based on
14 its prior experience with staff levels compared to the number of
15 providers, complaints, investigations, and other criteria that the
16 board determines is relevant to staffing level decisions.

17 NEW SECTION. **Sec. 84.** (1) This chapter may be known and cited as
18 the medical disciplinary act.

19 (2) This chapter applies to any conduct, acts, or conditions
20 occurring on or after the effective date of this act.

21 (3) This chapter does not apply to or govern the construction of
22 and disciplinary action for any conduct, acts, or conditions occurring
23 prior to the effective date of this act. Such conduct, acts, or
24 conditions must be construed and disciplinary action taken according to
25 the provisions of law existing at the time of the occurrence in the
26 same manner as if this chapter had not been enacted.

27 NEW SECTION. **Sec. 85.** There is created an independent medical
28 review panel for the state of Washington to be known as the Washington
29 state medical review panel. The panel shall consist of fourteen
30 members appointed by the governor who either previously served,
31 including as a pro tem member, on the former medical quality assurance
32 commission or the board, or are currently licensed to practice medicine
33 in the state of Washington under chapter 18.71 RCW. Members of the
34 panel shall include two physician assistants, four public members, and
35 eight physician members. Members of the initial panel may be appointed

1 to staggered terms of one to four years, and thereafter all terms of
2 appointment shall be for four years. There is not a limit as to the
3 number of former commission or board members that may serve on the
4 panel at any one time.

5 Prior to each disciplinary hearing a three-person hearing panel
6 shall be selected from the medical review panel to hear and rule on the
7 case. If the hearing is requested by a physician, then the hearing
8 panel shall consist of two physicians and one public panel member. If
9 the hearing is requested by a physician assistant, then the hearing
10 panel shall consist of one physician assistant, one physician, and one
11 public panel member.

12 A majority of the hearing panel shall make all determinations as to
13 findings of unprofessional conduct or other violations of the medical
14 disciplinary act, and determinations of final actions against the
15 licensee pursuant to section 58 of this act.

16 NEW SECTION. **Sec. 86.** The governor shall appoint three medical
17 law judges. The initial judges may be appointed to staggered terms of
18 two to six years, and thereafter all terms of appointment shall be for
19 six years. Each judge shall preside as acting judge for one four-month
20 term each year. As acting judge the medical law judge is responsible
21 for carrying out the duties and responsibilities set forth in this
22 section.

23 The judges must have the following minimum qualifications: Be
24 licensed to practice in the state of Washington, be in good standing
25 with the state bar, and have a minimum of five years' experience in
26 health law, including familiarity with medical disciplinary issues.
27 The ideal candidate will also have judicial experience as a pro tem
28 justice or other similar experience.

29 A medical law judge shall be present at all disciplinary hearings
30 to provide the hearing panel with assistance as necessary and shall
31 rule on all procedural, evidentiary, and other motions raised by the
32 parties. The medical law judge does not participate in the hearing
33 panel's deliberation or ruling process.

34 The medical law judge shall also:

- 35 (1) Schedule all disciplinary hearings as provided for in this
36 chapter;

1 (2) Rule on all procedural and other motions, issue subpoenas, and
2 administer oaths in connection with disciplinary hearings;

3 (3) Compel attendance of witnesses at disciplinary hearings;

4 (4) Sign off on all orders, stipulations, subpoena requests,
5 statements of charges, summary suspensions, or other actions taken by
6 the board or the medical review panel;

7 (5) Employ such administrative and clerical staff as necessary for
8 the enforcement of this chapter;

9 (6) Provide legal, administrative, and other assistance to the
10 medical review panel;

11 (7) Establish fees to witnesses in any disciplinary proceeding as
12 authorized by RCW 34.05.446.

13 NEW SECTION. **Sec. 87.** The board is responsible for funding the
14 functions and obligations of the medical review panel and medical law
15 judges under this chapter and ensuring that all activities of the
16 medical review panel and medical law judges remain independent from the
17 board's activities. The board, in collaboration with the panel, shall
18 adopt rules necessary for the medical review panel and medical law
19 judges to fulfill their obligations under this chapter. Compensation
20 of the panel, including the medical law judges, shall be determined by
21 the board.

22 Whenever the governor is satisfied that a member of the medical
23 review panel or a medical law judge has been guilty of neglect of duty,
24 misconduct, or malfeasance or misfeasance in office, the governor shall
25 file with the secretary of state a statement of the causes for and the
26 order of removal from office, and the secretary shall forthwith send a
27 certified copy of the statement of causes and order of removal to the
28 last known post office address of the member.

29 A vacancy on the medical review panel or as a medical law judge
30 shall be filled for the unexpired term by appointment by the governor
31 as set forth in section 86 of this act.

32 The members of the medical review panel and the medical law judges
33 are immune from suit in an action, civil or criminal, based on their
34 official acts performed in good faith as members of the medical review
35 panel or as medical law judges.

1 NEW SECTION. **Sec. 88.** The board or a panel of the board may
2 summarily suspend a license holder's license without a hearing if the
3 board or panel makes a good faith determination that the license holder
4 poses an immediate threat to the public health and safety, and within
5 ten days of the effective date of the order revoking the license, an
6 independent medical review panel shall review the board's summary
7 suspension order. The medical review panel may overturn the summary
8 suspension order if the board is unable to show probable cause that the
9 license holder poses an immediate threat to the public health and
10 safety. If the board is able to show probable cause that the license
11 holder poses an immediate threat to the public health and safety, the
12 suspension remains in effect.

13 Within twenty days of the medical review panel's determination to
14 sustain the suspension, the license holder may request a full hearing
15 before a new medical review panel to contest the basis for the board's
16 issuance of the summary suspension order. The full hearing before the
17 medical review panel shall be scheduled by the medical law judge within
18 ninety days of receipt of the request for a hearing.

19 NEW SECTION. **Sec. 89.** (1) The medical quality assurance
20 commission is hereby abolished and its powers, duties, and functions
21 are hereby transferred to the medical board for safety and quality.
22 All references to the medical quality assurance commission in the
23 Revised Code of Washington shall be construed to mean the medical board
24 for safety and quality.

25 (2)(a) All reports, documents, surveys, books, records, files,
26 papers, or written material in the possession of the medical quality
27 assurance commission shall be delivered to the custody of the medical
28 board for safety and quality. All cabinets, furniture, office
29 equipment, motor vehicles, and other tangible property employed by the
30 medical quality assurance commission shall be made available to the
31 medical board for safety and quality. All funds, credits, or other
32 assets held by the medical quality assurance commission shall be
33 assigned to the medical board for safety and quality.

34 (b) Any appropriations made to the medical quality assurance
35 commission shall, on the effective date of this section, be transferred
36 and credited to the medical board for safety and quality.

1 (c) If any question arises as to the transfer of any personnel,
2 funds, books, documents, records, papers, files, equipment, or other
3 tangible property used or held in the exercise of the powers and the
4 performance of the duties and functions transferred, the director of
5 financial management shall make a determination as to the proper
6 allocation and certify the same to the state agencies concerned.

7 (3) All employees of the medical quality assurance commission are
8 transferred to the jurisdiction of the medical board for safety and
9 quality. All employees classified under chapter 41.06 RCW, the state
10 civil service law, are assigned to the medical board for safety and
11 quality to perform their usual duties upon the same terms as formerly,
12 without any loss of rights, subject to any action that may be
13 appropriate thereafter in accordance with the laws and rules governing
14 state civil service.

15 (4) All rules and all pending business before the medical quality
16 assurance commission shall be continued and acted upon by the medical
17 board for safety and quality. All existing contracts and obligations
18 shall remain in full force and shall be performed by the medical board
19 for safety and quality.

20 (5) The transfer of the powers, duties, functions, and personnel of
21 the medical quality assurance commission shall not affect the validity
22 of any act performed before the effective date of this section.

23 (6) If apportionments of budgeted funds are required because of the
24 transfers directed by this section, the director of financial
25 management shall certify the apportionments to the agencies affected,
26 the state auditor, and the state treasurer. Each of these shall make
27 the appropriate transfer and adjustments in funds and appropriation
28 accounts and equipment records in accordance with the certification.

29 (7) Nothing contained in this section may be construed to alter any
30 existing collective bargaining unit or the provisions of any existing
31 collective bargaining agreement until the agreement has expired or
32 until the bargaining unit has been modified by action of the public
33 employment relations commission as provided by law.

34 NEW SECTION. **Sec. 90.** (1) All powers, duties, and functions of
35 the department of health pertaining to licensing and disciplining of
36 physicians and physician assistants are transferred to the medical
37 board for safety and quality. All references to the secretary or the

1 department of health in the Revised Code of Washington shall be
2 construed to mean the medical board for safety and quality when
3 referring to the functions transferred in this section.

4 (2)(a) All reports, documents, surveys, books, records, files,
5 papers, or written material in the possession of the department of
6 health pertaining to the powers, functions, and duties transferred
7 shall be delivered to the custody of the medical board for safety and
8 quality. All cabinets, furniture, office equipment, motor vehicles,
9 and other tangible property employed by the department of health in
10 carrying out the powers, functions, and duties transferred shall be
11 made available to the medical board for safety and quality. All funds,
12 credits, or other assets held in connection with the powers, functions,
13 and duties transferred shall be assigned to the medical board for
14 safety and quality.

15 (b) Any appropriations made to the department of health for
16 carrying out the powers, functions, and duties transferred shall, on
17 the effective date of this section, be transferred and credited to the
18 medical board for safety and quality.

19 (c) Whenever any question arises as to the transfer of any
20 personnel, funds, books, documents, records, papers, files, equipment,
21 or other tangible property used or held in the exercise of the powers
22 and the performance of the duties and functions transferred, the
23 director of financial management shall make a determination as to the
24 proper allocation and certify the same to the state agencies concerned.

25 (3) All employees of the department of health engaged in performing
26 the powers, functions, and duties transferred are transferred to the
27 jurisdiction of the medical board for safety and quality. All
28 employees classified under chapter 41.06 RCW, the state civil service
29 law, are assigned to the medical board for safety and quality to
30 perform their usual duties upon the same terms as formerly, without any
31 loss of rights, subject to any action that may be appropriate
32 thereafter in accordance with the laws and rules governing state civil
33 service.

34 (4) All rules and all pending business before the department of
35 health pertaining to the powers, functions, and duties transferred
36 shall be continued and acted upon by the medical board for safety and
37 quality. All existing contracts and obligations shall remain in full

1 force and shall be performed by the medical board for safety and
2 quality.

3 (5) The transfer of the powers, duties, functions, and personnel of
4 the department of health shall not affect the validity of any act
5 performed before the effective date of this section.

6 (6) If apportionments of budgeted funds are required because of the
7 transfers directed by this section, the director of financial
8 management shall certify the apportionments to the agencies affected,
9 the state auditor, and the state treasurer. Each of these shall make
10 the appropriate transfer and adjustments in funds and appropriation
11 accounts and equipment records in accordance with the certification.

12 (7) Nothing contained in this section may be construed to alter any
13 existing collective bargaining unit or the provisions of any existing
14 collective bargaining agreement until the agreement has expired or
15 until the bargaining unit has been modified by action of the public
16 employment relations commission as provided by law.

17 **Sec. 91.** RCW 18.130.040 and 2004 c 38 s 2 are each amended to read
18 as follows:

19 (1) This chapter applies only to the secretary and the boards and
20 commissions having jurisdiction in relation to the professions licensed
21 under the chapters specified in this section. This chapter does not
22 apply to any business or profession not licensed under the chapters
23 specified in this section.

24 (2)(a) The secretary has authority under this chapter in relation
25 to the following professions:

26 (i) Dispensing opticians licensed and designated apprentices under
27 chapter 18.34 RCW;

28 (ii) Naturopaths licensed under chapter 18.36A RCW;

29 (iii) Midwives licensed under chapter 18.50 RCW;

30 (iv) Ocularists licensed under chapter 18.55 RCW;

31 (v) Massage operators and businesses licensed under chapter 18.108
32 RCW;

33 (vi) Dental hygienists licensed under chapter 18.29 RCW;

34 (vii) Acupuncturists licensed under chapter 18.06 RCW;

35 (viii) Radiologic technologists certified and X-ray technicians
36 registered under chapter 18.84 RCW;

1 (ix) Respiratory care practitioners licensed under chapter 18.89
2 RCW;

3 (x) Persons registered under chapter 18.19 RCW;

4 (xi) Persons licensed as mental health counselors, marriage and
5 family therapists, and social workers under chapter 18.225 RCW;

6 (xii) Persons registered as nursing pool operators under chapter
7 18.52C RCW;

8 (xiii) Nursing assistants registered or certified under chapter
9 18.88A RCW;

10 (xiv) Health care assistants certified under chapter 18.135 RCW;

11 (xv) Dietitians and nutritionists certified under chapter 18.138
12 RCW;

13 (xvi) Chemical dependency professionals certified under chapter
14 18.205 RCW;

15 (xvii) Sex offender treatment providers and certified affiliate sex
16 offender treatment providers certified under chapter 18.155 RCW;

17 (xviii) Persons licensed and certified under chapter 18.73 RCW or
18 RCW 18.71.205;

19 (xix) Denturists licensed under chapter 18.30 RCW;

20 (xx) Orthotists and prosthetists licensed under chapter 18.200 RCW;

21 (xxi) Surgical technologists registered under chapter 18.215 RCW;

22 and

23 (xxii) Recreational therapists.

24 (b) The boards and commissions having authority under this chapter
25 are as follows:

26 (i) The podiatric medical board as established in chapter 18.22
27 RCW;

28 (ii) The chiropractic quality assurance commission as established
29 in chapter 18.25 RCW;

30 (iii) The dental quality assurance commission as established in
31 chapter 18.32 RCW;

32 (iv) The board of hearing and speech as established in chapter
33 18.35 RCW;

34 (v) The board of examiners for nursing home administrators as
35 established in chapter 18.52 RCW;

36 (vi) The optometry board as established in chapter 18.54 RCW
37 governing licenses issued under chapter 18.53 RCW;

1 (vii) The board of osteopathic medicine and surgery as established
2 in chapter 18.57 RCW governing licenses issued under chapters 18.57 and
3 18.57A RCW;

4 (viii) The board of pharmacy as established in chapter 18.64 RCW
5 governing licenses issued under chapters 18.64 and 18.64A RCW;

6 ~~(ix) ((The medical quality assurance commission as established in
7 chapter 18.71 RCW governing licenses and registrations issued under
8 chapters 18.71 and 18.71A RCW;~~

9 ~~(x))~~ The board of physical therapy as established in chapter 18.74
10 RCW;

11 ~~((xi))~~ (x) The board of occupational therapy practice as
12 established in chapter 18.59 RCW;

13 ~~((xii))~~ (xi) The nursing care quality assurance commission as
14 established in chapter 18.79 RCW governing licenses and registrations
15 issued under that chapter;

16 ~~((xiii))~~ (xii) The examining board of psychology and its
17 disciplinary committee as established in chapter 18.83 RCW; and

18 ~~((xiv))~~ (xiii) The veterinary board of governors as established
19 in chapter 18.92 RCW.

20 (3) In addition to the authority to discipline license holders, the
21 disciplining authority has the authority to grant or deny licenses
22 based on the conditions and criteria established in this chapter and
23 the chapters specified in subsection (2) of this section. This chapter
24 also governs any investigation, hearing, or proceeding relating to
25 denial of licensure or issuance of a license conditioned on the
26 applicant's compliance with an order entered pursuant to RCW 18.130.160
27 by the disciplining authority.

28 (4) All disciplining authorities shall adopt procedures to ensure
29 substantially consistent application of this chapter, the Uniform
30 Disciplinary Act, among the disciplining authorities listed in
31 subsection (2) of this section.

32 **Sec. 92.** RCW 18.50.115 and 1994 sp.s. c 9 s 707 are each amended
33 to read as follows:

34 A midwife licensed under this chapter may obtain and administer
35 prophylactic ophthalmic medication, postpartum oxytocic, vitamin K, Rho
36 immune globulin (human), and local anesthetic and may administer such

1 other drugs or medications as prescribed by a physician. A pharmacist
2 who dispenses such drugs to a licensed midwife shall not be liable for
3 any adverse reactions caused by any method of use by the midwife.

4 The secretary, after consultation with representatives of the
5 midwife advisory committee, the board of pharmacy, and the medical
6 (~~quality assurance commission~~) board for safety and quality, may
7 adopt rules that authorize licensed midwives to purchase and use legend
8 drugs and devices in addition to the drugs authorized in this chapter.

9 **Sec. 93.** RCW 69.41.030 and 2003 c 142 s 3 and 2003 c 53 s 323 are
10 each reenacted and amended to read as follows:

11 (1) It shall be unlawful for any person to sell, deliver, or
12 possess any legend drug except upon the order or prescription of a
13 physician under chapter 18.71 RCW, an osteopathic physician and surgeon
14 under chapter 18.57 RCW, an optometrist licensed under chapter 18.53
15 RCW who is certified by the optometry board under RCW 18.53.010, a
16 dentist under chapter 18.32 RCW, a podiatric physician and surgeon
17 under chapter 18.22 RCW, a veterinarian under chapter 18.92 RCW, a
18 commissioned medical or dental officer in the United States armed
19 forces or public health service in the discharge of his or her official
20 duties, a duly licensed physician or dentist employed by the veterans
21 administration in the discharge of his or her official duties, a
22 registered nurse or advanced registered nurse practitioner under
23 chapter 18.79 RCW when authorized by the nursing care quality assurance
24 commission, an osteopathic physician assistant under chapter 18.57A RCW
25 when authorized by the board of osteopathic medicine and surgery, a
26 physician assistant under chapter 18.71A RCW when authorized by the
27 medical (~~quality assurance commission~~) board for safety and quality,
28 a physician licensed to practice medicine and surgery or a physician
29 licensed to practice osteopathic medicine and surgery, a dentist
30 licensed to practice dentistry, a podiatric physician and surgeon
31 licensed to practice podiatric medicine and surgery, or a veterinarian
32 licensed to practice veterinary medicine, in any province of Canada
33 which shares a common border with the state of Washington or in any
34 state of the United States: PROVIDED, HOWEVER, That the above
35 provisions shall not apply to sale, delivery, or possession by drug
36 wholesalers or drug manufacturers, or their agents or employees, or to
37 any practitioner acting within the scope of his or her license, or to

1 a common or contract carrier or warehouseman, or any employee thereof,
2 whose possession of any legend drug is in the usual course of business
3 or employment: PROVIDED FURTHER, That nothing in this chapter or
4 chapter 18.64 RCW shall prevent a family planning clinic that is under
5 contract with the department of social and health services from
6 selling, delivering, possessing, and dispensing commercially
7 prepackaged oral contraceptives prescribed by authorized, licensed
8 health care practitioners.

9 (2)(a) A violation of this section involving the sale, delivery, or
10 possession with intent to sell or deliver is a class B felony
11 punishable according to chapter 9A.20 RCW.

12 (b) A violation of this section involving possession is a
13 misdemeanor.

14 **Sec. 94.** RCW 69.45.010 and 1994 sp.s. c 9 s 738 are each amended
15 to read as follows:

16 The definitions in this section apply throughout this chapter.

17 (1) "Board" means the board of pharmacy.

18 (2) "Drug samples" means any federal food and drug administration
19 approved controlled substance, legend drug, or products requiring
20 prescriptions in this state, which is distributed at no charge to a
21 practitioner by a manufacturer or a manufacturer's representative,
22 exclusive of drugs under clinical investigations approved by the
23 federal food and drug administration.

24 (3) "Controlled substance" means a drug, substance, or immediate
25 precursor of such drug or substance, so designated under or pursuant to
26 chapter 69.50 RCW, the uniform controlled substances act.

27 (4) "Deliver" or "delivery" means the actual, constructive, or
28 attempted transfer from one person to another of a drug or device,
29 whether or not there is an agency relationship.

30 (5) "Dispense" means the interpretation of a prescription or order
31 for a drug, biological, or device and, pursuant to that prescription or
32 order, the proper selection, measuring, compounding, labeling, or
33 packaging necessary to prepare that prescription or order for delivery.

34 (6) "Distribute" means to deliver, other than by administering or
35 dispensing, a legend drug.

36 (7) "Legend drug" means any drug that is required by state law or

1 by regulations of the board to be dispensed on prescription only or is
2 restricted to use by practitioners only.

3 (8) "Manufacturer" means a person or other entity engaged in the
4 manufacture or distribution of drugs or devices, but does not include
5 a manufacturer's representative.

6 (9) "Person" means any individual, corporation, government or
7 governmental subdivision or agency, business trust, estate, trust,
8 partnership, association, or any other legal entity.

9 (10) "Practitioner" means a physician under chapter 18.71 RCW, an
10 osteopathic physician or an osteopathic physician and surgeon under
11 chapter 18.57 RCW, a dentist under chapter 18.32 RCW, a podiatric
12 physician and surgeon under chapter 18.22 RCW, a veterinarian under
13 chapter 18.92 RCW, a pharmacist under chapter 18.64 RCW, a commissioned
14 medical or dental officer in the United States armed forces or the
15 public health service in the discharge of his or her official duties,
16 a duly licensed physician or dentist employed by the veterans
17 administration in the discharge of his or her official duties, a
18 registered nurse or advanced registered nurse practitioner under
19 chapter 18.79 RCW when authorized to prescribe by the nursing care
20 quality assurance commission, an osteopathic physician assistant under
21 chapter 18.57A RCW when authorized by the board of osteopathic medicine
22 and surgery, or a physician assistant under chapter 18.71A RCW when
23 authorized by the medical (~~quality assurance commission~~) board for
24 safety and quality.

25 (11) "Manufacturer's representative" means an agent or employee of
26 a drug manufacturer who is authorized by the drug manufacturer to
27 possess drug samples for the purpose of distribution in this state to
28 appropriately authorized health care practitioners.

29 (12) "Reasonable cause" means a state of facts found to exist that
30 would warrant a reasonably intelligent and prudent person to believe
31 that a person has violated state or federal drug laws or regulations.

32 (13) "Department" means the department of health.

33 (14) "Secretary" means the secretary of health or the secretary's
34 designee.

35 **Sec. 95.** RCW 69.50.402 and 2003 c 53 s 338 are each amended to
36 read as follows:

37 (1) It is unlawful for any person:

1 (a) Who is subject to Article III to distribute or dispense a
2 controlled substance in violation of RCW 69.50.308;

3 (b) Who is a registrant, to manufacture a controlled substance not
4 authorized by his or her registration, or to distribute or dispense a
5 controlled substance not authorized by his or her registration to
6 another registrant or other authorized person;

7 (c) Who is a practitioner, to prescribe, order, dispense,
8 administer, supply, or give to any person:

9 (i) Any amphetamine, including its salts, optical isomers, and
10 salts of optical isomers classified as a schedule II controlled
11 substance by the board of pharmacy pursuant to chapter 34.05 RCW; or

12 (ii) Any nonnarcotic stimulant classified as a schedule II
13 controlled substance and designated as a nonnarcotic stimulant by the
14 board of pharmacy pursuant to chapter 34.05 RCW;

15 except for the treatment of narcolepsy or for the treatment of
16 hyperkinesia, or for the treatment of drug-induced brain dysfunction,
17 or for the treatment of epilepsy, or for the differential diagnostic
18 psychiatric evaluation of depression, or for the treatment of
19 depression shown to be refractory to other therapeutic modalities, or
20 for the clinical investigation of the effects of such drugs or
21 compounds, in which case an investigative protocol therefor shall have
22 been submitted to and reviewed and approved by the state board of
23 pharmacy before the investigation has been begun: PROVIDED, That the
24 board of pharmacy, in consultation with the medical (~~quality assurance~~
25 ~~commission~~) board for safety and quality and the osteopathic
26 disciplinary board, may establish by rule, pursuant to chapter 34.05
27 RCW, disease states or conditions in addition to those listed in this
28 subsection for the treatment of which Schedule II nonnarcotic
29 stimulants may be prescribed, ordered, dispensed, administered,
30 supplied, or given to patients by practitioners: AND PROVIDED,
31 FURTHER, That investigations by the board of pharmacy of abuse of
32 prescriptive authority by physicians, licensed pursuant to chapter
33 18.71 RCW, pursuant to subsection (1)(c) of this section shall be done
34 in consultation with the medical (~~quality assurance commission~~) board
35 for safety and quality;

36 (d) To refuse or fail to make, keep or furnish any record,
37 notification, order form, statement, invoice, or information required
38 under this chapter;

1 (e) To refuse an entry into any premises for any inspection
2 authorized by this chapter; or

3 (f) Knowingly to keep or maintain any store, shop, warehouse,
4 dwelling, building, vehicle, boat, aircraft, or other structure or
5 place, which is resorted to by persons using controlled substances in
6 violation of this chapter for the purpose of using these substances, or
7 which is used for keeping or selling them in violation of this chapter.

8 (2) Any person who violates this section is guilty of a class C
9 felony and upon conviction may be imprisoned for not more than two
10 years, fined not more than two thousand dollars, or both.

11 **Sec. 96.** RCW 69.51A.010 and 1999 c 2 s 6 are each amended to read
12 as follows:

13 The definitions in this section apply throughout this chapter
14 unless the context clearly requires otherwise.

15 (1) "Medical use of marijuana" means the production, possession, or
16 administration of marijuana, as defined in RCW 69.50.101(q), for the
17 exclusive benefit of a qualifying patient in the treatment of his or
18 her terminal or debilitating illness.

19 (2) "Primary caregiver" means a person who:

20 (a) Is eighteen years of age or older;

21 (b) Is responsible for the housing, health, or care of the patient;

22 (c) Has been designated in writing by a patient to perform the
23 duties of primary caregiver under this chapter.

24 (3) "Qualifying patient" means a person who:

25 (a) Is a patient of a physician licensed under chapter 18.71 or
26 18.57 RCW;

27 (b) Has been diagnosed by that physician as having a terminal or
28 debilitating medical condition;

29 (c) Is a resident of the state of Washington at the time of such
30 diagnosis;

31 (d) Has been advised by that physician about the risks and benefits
32 of the medical use of marijuana; and

33 (e) Has been advised by that physician that they may benefit from
34 the medical use of marijuana.

35 (4) "Terminal or debilitating medical condition" means:

36 (a) Cancer, human immunodeficiency virus (HIV), multiple sclerosis,
37 epilepsy or other seizure disorder, or spasticity disorders; or

1 (b) Intractable pain, limited for the purpose of this chapter to
2 mean pain unrelieved by standard medical treatments and medications; or

3 (c) Glaucoma, either acute or chronic, limited for the purpose of
4 this chapter to mean increased intraocular pressure unrelieved by
5 standard treatments and medications; or

6 (d) Any other medical condition duly approved by the Washington
7 state medical (~~(quality assurance board [commission])~~) board for safety
8 and quality as directed in this chapter.

9 (5) "Valid documentation" means:

10 (a) A statement signed by a qualifying patient's physician, or a
11 copy of the qualifying patient's pertinent medical records, which
12 states that, in the physician's professional opinion, the potential
13 benefits of the medical use of marijuana would likely outweigh the
14 health risks for a particular qualifying patient; and

15 (b) Proof of identity such as a Washington state driver's license
16 or identicard, as defined in RCW 46.20.035.

17 **Sec. 97.** RCW 69.51A.070 and 1999 c 2 s 9 are each amended to read
18 as follows:

19 The Washington state medical (~~(quality assurance board~~
20 ~~[commission])~~) board for safety and quality, or other appropriate
21 agency as designated by the governor, shall accept for consideration
22 petitions submitted by physicians or patients to add terminal or
23 debilitating conditions to those included in this chapter. In
24 considering such petitions, the Washington state medical (~~(quality~~
25 ~~assurance board [commission])~~) board for safety and quality shall
26 include public notice of, and an opportunity to comment in a public
27 hearing upon, such petitions. The Washington state medical (~~(quality~~
28 ~~assurance board [commission])~~) board for safety and quality shall,
29 after hearing, approve or deny such petitions within one hundred eighty
30 days of submission. The approval or denial of such a petition shall be
31 considered a final agency action, subject to judicial review.

32 **Sec. 98.** RCW 70.41.200 and 2005 c 291 s 3 and 2005 c 33 s 7 are
33 each reenacted and amended to read as follows:

34 (1) Every hospital shall maintain a coordinated quality improvement
35 program for the improvement of the quality of health care services

1 rendered to patients and the identification and prevention of medical
2 malpractice. The program shall include at least the following:

3 (a) The establishment of a quality improvement committee with the
4 responsibility to review the services rendered in the hospital, both
5 retrospectively and prospectively, in order to improve the quality of
6 medical care of patients and to prevent medical malpractice. The
7 committee shall oversee and coordinate the quality improvement and
8 medical malpractice prevention program and shall ensure that
9 information gathered pursuant to the program is used to review and to
10 revise hospital policies and procedures;

11 (b) A medical staff privileges sanction procedure through which
12 credentials, physical and mental capacity, and competence in delivering
13 health care services are periodically reviewed as part of an evaluation
14 of staff privileges;

15 (c) The periodic review of the credentials, physical and mental
16 capacity, and competence in delivering health care services of all
17 persons who are employed or associated with the hospital;

18 (d) A procedure for the prompt resolution of grievances by patients
19 or their representatives related to accidents, injuries, treatment, and
20 other events that may result in claims of medical malpractice;

21 (e) The maintenance and continuous collection of information
22 concerning the hospital's experience with negative health care outcomes
23 and incidents injurious to patients, patient grievances, professional
24 liability premiums, settlements, awards, costs incurred by the hospital
25 for patient injury prevention, and safety improvement activities;

26 (f) The maintenance of relevant and appropriate information
27 gathered pursuant to (a) through (e) of this subsection concerning
28 individual physicians within the physician's personnel or credential
29 file maintained by the hospital;

30 (g) Education programs dealing with quality improvement, patient
31 safety, medication errors, injury prevention, staff responsibility to
32 report professional misconduct, the legal aspects of patient care,
33 improved communication with patients, and causes of malpractice claims
34 for staff personnel engaged in patient care activities; and

35 (h) Policies to ensure compliance with the reporting requirements
36 of this section.

37 (2) Any person who, in substantial good faith, provides information
38 to further the purposes of the quality improvement and medical

1 malpractice prevention program or who, in substantial good faith,
2 participates on the quality improvement committee shall not be subject
3 to an action for civil damages or other relief as a result of such
4 activity. Any person or entity participating in a coordinated quality
5 improvement program that, in substantial good faith, shares information
6 or documents with one or more other programs, committees, or boards
7 under subsection (8) of this section is not subject to an action for
8 civil damages or other relief as a result of the activity. For the
9 purposes of this section, sharing information is presumed to be in
10 substantial good faith. However, the presumption may be rebutted upon
11 a showing of clear, cogent, and convincing evidence that the
12 information shared was knowingly false or deliberately misleading.

13 (3) Information and documents, including complaints and incident
14 reports, created specifically for, and collected and maintained by, a
15 quality improvement committee are not subject to review or disclosure,
16 except as provided in this section, or discovery or introduction into
17 evidence in any civil action, and no person who was in attendance at a
18 meeting of such committee or who participated in the creation,
19 collection, or maintenance of information or documents specifically for
20 the committee shall be permitted or required to testify in any civil
21 action as to the content of such proceedings or the documents and
22 information prepared specifically for the committee. This subsection
23 does not preclude: (a) In any civil action, the discovery of the
24 identity of persons involved in the medical care that is the basis of
25 the civil action whose involvement was independent of any quality
26 improvement activity; (b) in any civil action, the testimony of any
27 person concerning the facts which form the basis for the institution of
28 such proceedings of which the person had personal knowledge acquired
29 independently of such proceedings; (c) in any civil action by a health
30 care provider regarding the restriction or revocation of that
31 individual's clinical or staff privileges, introduction into evidence
32 information collected and maintained by quality improvement committees
33 regarding such health care provider; (d) in any civil action,
34 disclosure of the fact that staff privileges were terminated or
35 restricted, including the specific restrictions imposed, if any and the
36 reasons for the restrictions; or (e) in any civil action, discovery and
37 introduction into evidence of the patient's medical records required by

1 regulation of the department of health to be made regarding the care
2 and treatment received.

3 (4) Each quality improvement committee shall, on at least a
4 semiannual basis, report to the governing board of the hospital in
5 which the committee is located. The report shall review the quality
6 improvement activities conducted by the committee, and any actions
7 taken as a result of those activities.

8 (5) The department of health shall adopt such rules as are deemed
9 appropriate to effectuate the purposes of this section.

10 (6) The medical (~~(quality assurance commission)~~) board for safety
11 and quality or the board of osteopathic medicine and surgery, as
12 appropriate, may review and audit the records of committee decisions in
13 which a physician's privileges are terminated or restricted. Each
14 hospital shall produce and make accessible to the commission or board
15 the appropriate records and otherwise facilitate the review and audit.
16 Information so gained shall not be subject to the discovery process and
17 confidentiality shall be respected as required by subsection (3) of
18 this section. Failure of a hospital to comply with this subsection is
19 punishable by a civil penalty not to exceed two hundred fifty dollars.

20 (7) The department, the joint commission on accreditation of health
21 care organizations, and any other accrediting organization may review
22 and audit the records of a quality improvement committee or peer review
23 committee in connection with their inspection and review of hospitals.
24 Information so obtained shall not be subject to the discovery process,
25 and confidentiality shall be respected as required by subsection (3) of
26 this section. Each hospital shall produce and make accessible to the
27 department the appropriate records and otherwise facilitate the review
28 and audit.

29 (8) A coordinated quality improvement program may share information
30 and documents, including complaints and incident reports, created
31 specifically for, and collected and maintained by, a quality
32 improvement committee or a peer review committee under RCW 4.24.250
33 with one or more other coordinated quality improvement programs
34 maintained in accordance with this section or RCW 43.70.510, a quality
35 assurance committee maintained in accordance with RCW 18.20.390 or
36 74.42.640, or a peer review committee under RCW 4.24.250, for the
37 improvement of the quality of health care services rendered to patients
38 and the identification and prevention of medical malpractice. The

1 privacy protections of chapter 70.02 RCW and the federal health
2 insurance portability and accountability act of 1996 and its
3 implementing regulations apply to the sharing of individually
4 identifiable patient information held by a coordinated quality
5 improvement program. Any rules necessary to implement this section
6 shall meet the requirements of applicable federal and state privacy
7 laws. Information and documents disclosed by one coordinated quality
8 improvement program to another coordinated quality improvement program
9 or a peer review committee under RCW 4.24.250 and any information and
10 documents created or maintained as a result of the sharing of
11 information and documents shall not be subject to the discovery process
12 and confidentiality shall be respected as required by subsection (3) of
13 this section, RCW 18.20.390 (6) and (8), 74.42.640 (7) and (9), and
14 4.24.250.

15 (9) A hospital that operates a nursing home as defined in RCW
16 18.51.010 may conduct quality improvement activities for both the
17 hospital and the nursing home through a quality improvement committee
18 under this section, and such activities shall be subject to the
19 provisions of subsections (2) through (8) of this section.

20 (10) Violation of this section shall not be considered negligence
21 per se.

22 **Sec. 99.** RCW 70.41.230 and 1994 sp.s. c 9 s 744 are each amended
23 to read as follows:

24 (1) Prior to granting or renewing clinical privileges or
25 association of any physician or hiring a physician, a hospital or
26 facility approved pursuant to this chapter shall request from the
27 physician and the physician shall provide the following information:

28 (a) The name of any hospital or facility with or at which the
29 physician had or has any association, employment, privileges, or
30 practice;

31 (b) If such association, employment, privilege, or practice was
32 discontinued, the reasons for its discontinuation;

33 (c) Any pending professional medical misconduct proceedings or any
34 pending medical malpractice actions in this state or another state, the
35 substance of the allegations in the proceedings or actions, and any
36 additional information concerning the proceedings or actions as the
37 physician deems appropriate;

1 (d) The substance of the findings in the actions or proceedings and
2 any additional information concerning the actions or proceedings as the
3 physician deems appropriate;

4 (e) A waiver by the physician of any confidentiality provisions
5 concerning the information required to be provided to hospitals
6 pursuant to this subsection; and

7 (f) A verification by the physician that the information provided
8 by the physician is accurate and complete.

9 (2) Prior to granting privileges or association to any physician or
10 hiring a physician, a hospital or facility approved pursuant to this
11 chapter shall request from any hospital with or at which the physician
12 had or has privileges, was associated, or was employed, the following
13 information concerning the physician:

14 (a) Any pending professional medical misconduct proceedings or any
15 pending medical malpractice actions, in this state or another state;

16 (b) Any judgment or settlement of a medical malpractice action and
17 any finding of professional misconduct in this state or another state
18 by a licensing or disciplinary board; and

19 (c) Any information required to be reported by hospitals pursuant
20 to RCW 18.71.0195.

21 (3) The medical (~~quality assurance commission~~) board for safety
22 and quality shall be advised within thirty days of the name of any
23 physician denied staff privileges, association, or employment on the
24 basis of adverse findings under subsection (1) of this section.

25 (4) A hospital or facility that receives a request for information
26 from another hospital or facility pursuant to subsections (1) and (2)
27 of this section shall provide such information concerning the physician
28 in question to the extent such information is known to the hospital or
29 facility receiving such a request, including the reasons for
30 suspension, termination, or curtailment of employment or privileges at
31 the hospital or facility. A hospital, facility, or other person
32 providing such information in good faith is not liable in any civil
33 action for the release of such information.

34 (5) Information and documents, including complaints and incident
35 reports, created specifically for, and collected, and maintained by a
36 quality improvement committee are not subject to discovery or
37 introduction into evidence in any civil action, and no person who was
38 in attendance at a meeting of such committee or who participated in the

1 creation, collection, or maintenance of information or documents
2 specifically for the committee shall be permitted or required to
3 testify in any civil action as to the content of such proceedings or
4 the documents and information prepared specifically for the committee.
5 This subsection does not preclude: (a) In any civil action, the
6 discovery of the identity of persons involved in the medical care that
7 is the basis of the civil action whose involvement was independent of
8 any quality improvement activity; (b) in any civil action, the
9 testimony of any person concerning the facts which form the basis for
10 the institution of such proceedings of which the person had personal
11 knowledge acquired independently of such proceedings; (c) in any civil
12 action by a health care provider regarding the restriction or
13 revocation of that individual's clinical or staff privileges,
14 introduction into evidence information collected and maintained by
15 quality improvement committees regarding such health care provider; (d)
16 in any civil action, disclosure of the fact that staff privileges were
17 terminated or restricted, including the specific restrictions imposed,
18 if any and the reasons for the restrictions; or (e) in any civil
19 action, discovery and introduction into evidence of the patient's
20 medical records required by regulation of the department of health to
21 be made regarding the care and treatment received.

22 (6) Hospitals shall be granted access to information held by the
23 medical (~~(quality assurance commission)~~) board for safety and quality
24 and the board of osteopathic medicine and surgery pertinent to
25 decisions of the hospital regarding credentialing and recredentialing
26 of practitioners.

27 (7) Violation of this section shall not be considered negligence
28 per se.

29 **Sec. 100.** RCW 74.09.290 and 1994 sp.s. c 9 s 749 are each amended
30 to read as follows:

31 The secretary of the department of social and health services or
32 his authorized representative shall have the authority to:

33 (1) Conduct audits and investigations of providers of medical and
34 other services furnished pursuant to this chapter, except that the
35 Washington state medical (~~(quality assurance commission)~~) board for
36 safety and quality shall generally serve in an advisory capacity to the
37 secretary in the conduct of audits or investigations of physicians.

1 Any overpayment discovered as a result of an audit of a provider under
2 this authority shall be offset by any underpayments discovered in that
3 same audit sample. In order to determine the provider's actual, usual,
4 customary, or prevailing charges, the secretary may examine such random
5 representative records as necessary to show accounts billed and
6 accounts received except that in the conduct of such examinations,
7 patient names, other than public assistance applicants or recipients,
8 shall not be noted, copied, or otherwise made available to the
9 department. In order to verify costs incurred by the department for
10 treatment of public assistance applicants or recipients, the secretary
11 may examine patient records or portions thereof in connection with
12 services to such applicants or recipients rendered by a health care
13 provider, notwithstanding the provisions of RCW 5.60.060, 18.53.200,
14 18.83.110, or any other statute which may make or purport to make such
15 records privileged or confidential: PROVIDED, That no original patient
16 records shall be removed from the premises of the health care provider,
17 and that the disclosure of any records or information by the department
18 of social and health services is prohibited and shall be punishable as
19 a class C felony according to chapter 9A.20 RCW, unless such disclosure
20 is directly connected to the official purpose for which the records or
21 information were obtained: PROVIDED FURTHER, That the disclosure of
22 patient information as required under this section shall not subject
23 any physician or other health services provider to any liability for
24 breach of any confidential relationship between the provider and the
25 patient, but no evidence resulting from such disclosure may be used in
26 any civil, administrative, or criminal proceeding against the patient
27 unless a waiver of the applicable evidentiary privilege is obtained:
28 PROVIDED FURTHER, That the secretary shall destroy all copies of
29 patient medical records in their possession upon completion of the
30 audit, investigation or proceedings;

31 (2) Approve or deny applications to participate as a provider of
32 services furnished pursuant to this chapter;

33 (3) Terminate or suspend eligibility to participate as a provider
34 of services furnished pursuant to this chapter; and

35 (4) Adopt, promulgate, amend, and repeal administrative rules, in
36 accordance with the Administrative Procedure Act, chapter 34.05 RCW, to
37 carry out the policies and purposes of RCW 74.09.200 through 74.09.290.

1 **Sec. 101.** RCW 74.42.230 and 1994 sp.s. c 9 s 751 are each amended
2 to read as follows:

3 (1) The resident's attending or staff physician or authorized
4 practitioner approved by the attending physician shall order all
5 medications for the resident. The order may be oral or written and
6 shall be limited by time. An "authorized practitioner," as used in
7 this section, is a registered nurse under chapter 18.79 RCW when
8 authorized by the nursing care quality assurance commission, an
9 osteopathic physician assistant under chapter 18.57A RCW when
10 authorized by the committee of osteopathic examiners, or a physician
11 assistant under chapter 18.71A RCW when authorized by the medical
12 (~~quality assurance commission~~) board for safety and quality.

13 (2) An oral order shall be given only to a licensed nurse,
14 pharmacist, or another physician. The oral order shall be recorded and
15 signed immediately by the person receiving the order. The attending
16 physician shall sign the record of the oral order in a manner
17 consistent with good medical practice.

18 NEW SECTION. **Sec. 102.** The following acts or parts of acts are
19 each repealed:

20 (1) RCW 18.71.401 (Funds collected--Where deposited) and 1997 c 79
21 s 1; and

22 (2) RCW 18.71.420 (Allocation of all appropriated funds) and 1991
23 c 3 s 171 & 1983 c 71 s 3.

24 NEW SECTION. **Sec. 103.** If any provision of this act or its
25 application to any person or circumstance is held invalid, the
26 remainder of the act or the application of the provision to other
27 persons or circumstances is not affected.

28 NEW SECTION. **Sec. 104.** Sections 28 through 36 of this act are
29 each added to chapter 18.71 RCW.

30 NEW SECTION. **Sec. 105.** Sections 44 through 88 of this act
31 constitute a new chapter in Title 18 RCW.

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